

Name
in
Full

Cornelia Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Sept.</i> ^{Day} <i>30</i> ^{Years} <i>94</i>		<i>6</i> ^{Months}		<i>—</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>2 years</i>
Immediate <i>Asthma</i>	How long <i>3 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes,</i>	Signature of Physician <i>S. C. Haffner</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>—</i>	

F. Schroeder

1099

Oct. 2/05-

Name
in
Full

CERTIFICATE OF DEATH

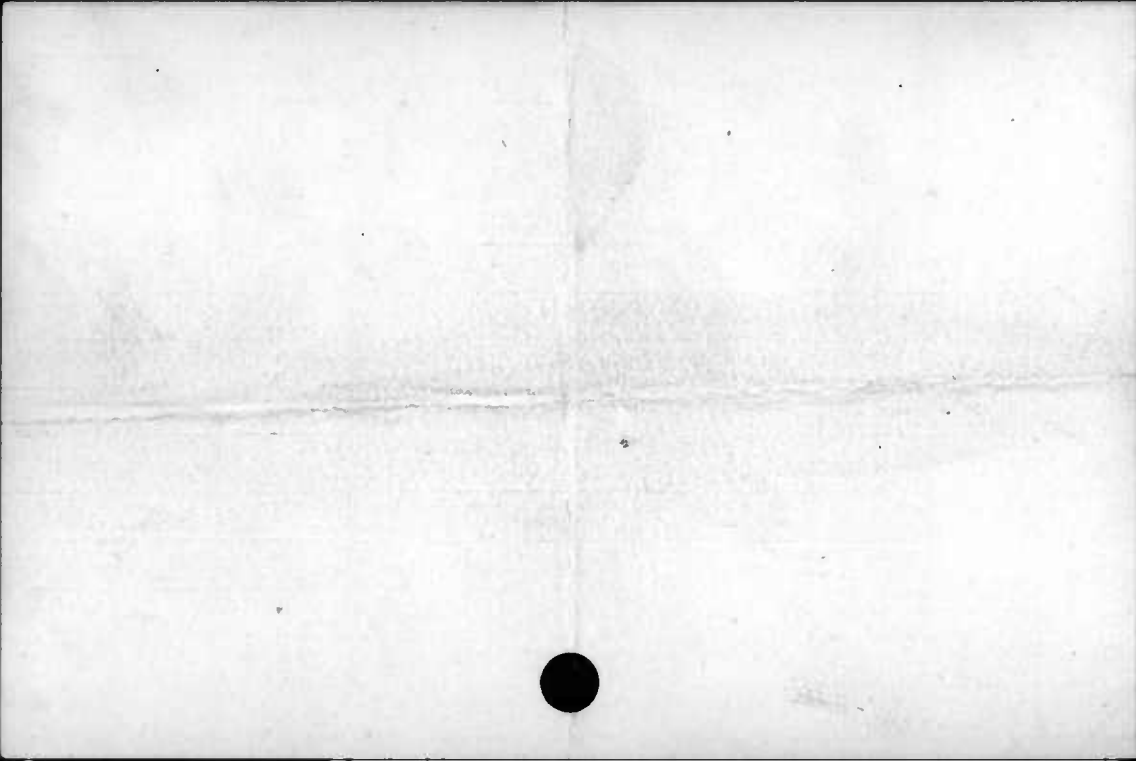
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John R Anderson</i>		Town <i>Point of Rocks</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Point of Rocks</i>		Month <i>Sep</i>		Day <i>23</i>		Years <i>about 65</i>	
Date of death <i>190</i>		Months <i></i>		Days <i></i>			
Sex <i>male</i>		Color <i>white</i>		Race <i>white</i>		Birth place <i>Stamsville</i>	
Occupation <i>a work hand</i>		Where Residing if not at place of death <i>PT of Rocks</i>					
Married, Single <i>Married</i>		Name of Wife or husband <i>Elizabeth Baker</i>					
Father's Name <i>William Anderson</i>		Father's Birthplace <i></i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>					
Name of person giving information <i>Mrs Elizabeth Anderson</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Kill by Engine of B & O RR</i>	How long <i>106</i>
Immediate <i>instant death</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D R W Trapnell</i>
	Address <i>Point of Rocks</i>
Accident or Suicide <i></i>	



Name in Full		Not Named Baker (M.M.) 30,		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} near McKaig		County Frederick		MARYLAND
	Date of death 1905	Month Sept	Day 12	Age	Years Months Days 3
	Sex Male	Color or Race White		Birth-place	Maryland
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	George F. Baker		Father's Birthplace	West Pleasant Maryland
	Mother's Maiden Name	Jennie H. Hooffman		Mother's Birthplace	near West Market
Name of person giving information		George F. Baker		How related to deceased	Father
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Spasms		How long	3 days
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician No Physician present or in attendance	
	Address				
Accident or Suicide?					

" Neglected "
in Sept. report,

Name
in
Full

Anna O. Baker

CERTIFICATE OF DEATH

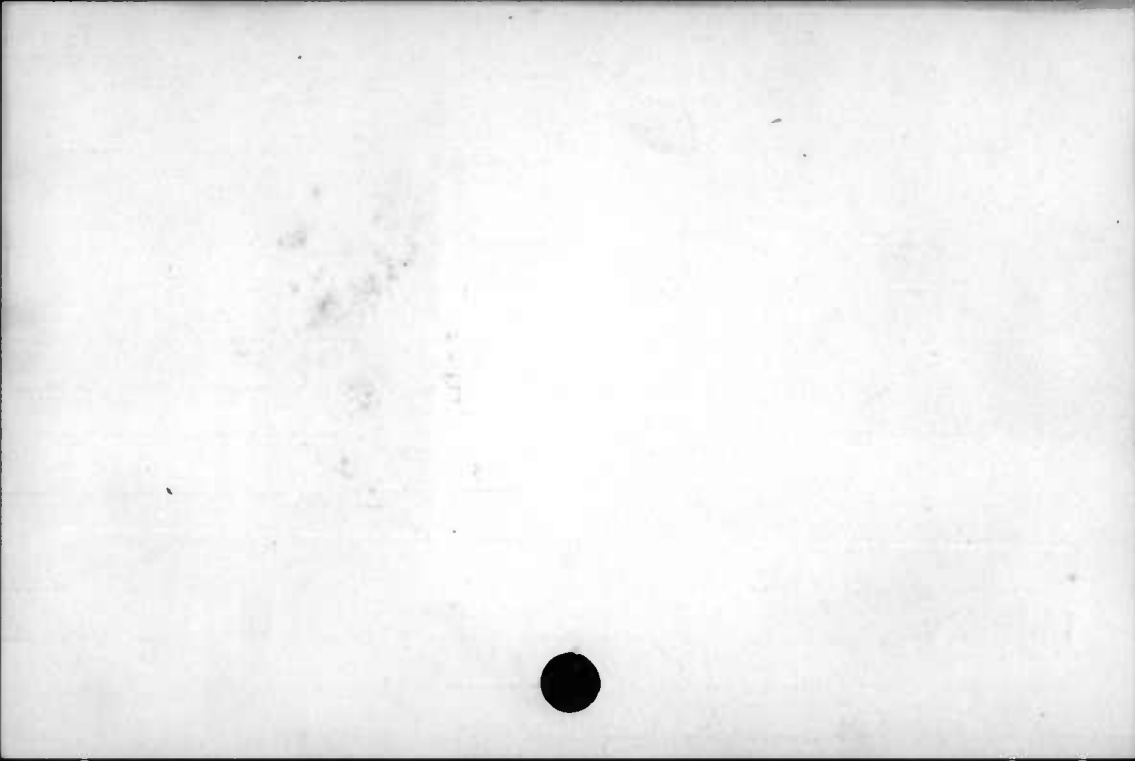
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death	1905	Month Sept	Day	Age 61	Years	Months 6	Days 19
Sex	Female		Color or Race	white		Birth- place	
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Josiah M. Abel					Father's Birthplace	
Mother's Maiden Name	Christine Butler					Mother's Birthplace	
Name of person giving In formation	Mrs McLean					How related to deceased Daughter	

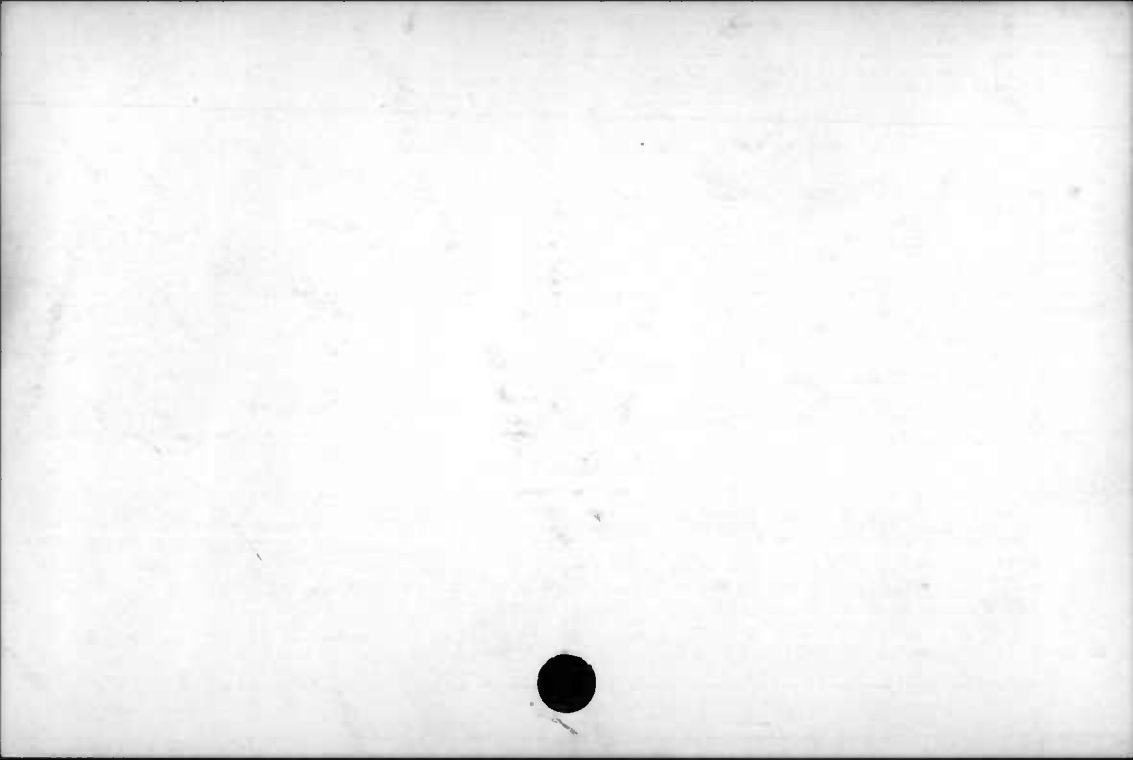
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cause of death Exhaustion		How long	2 yrs
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H.	Address Linn Trust Brunswick - Frederick	
Accident or Suicide?				



Name in Full Julia Ann Baker.		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died ^{Town} near Ladiesburg		^{County} Frederick
	Date of death 1905 ^{Month} Sept. ^{Day} 17		^{Age} 72 ^{Years} 2 ^{Months} 10 ^{Days}
	^{Sex} Female	^{Color or Race} White	^{Birth-place} Fredk Co., Md.
	^{Occupation} Housewife	^{Where Residing if not at place of death} near Ladiesburg, Md.	
	^{Married, Single or Widowed} Single	^{Name of Wife or Husband} Nathan Baker.	
	^{Father's Name} Samuel Eyles.	^{Father's Birthplace} Fredk Co., Md.	
	^{Mother's Maiden Name} Eliza Strine	^{Mother's Birthplace} Fredk Co., Md.	
^{Name of person giving information} Nathan Baker.	^{How related to deceased} Husband.		
CAUSES OF DEATH 149			
PHYSICIAN OR CORONER	^{Primary} Tumour of liver with persistent jaundice		^{How long} 5 months.
	^{Immediate} Hemorrhage from bowels and Coma		^{How long} 3 days.
	^{Are the name, age, sex, color, date and place correctly given above?} Yes	^{Signature of Physician} John I. Liggett, M. D.	
		^{Address} Ladiesburg, Fredk Co., Md.	
^{Accident or Suicide?}			



Name in Full

Certificate of Death

Catharine Eliza Barriest

Town

County

Died at Woodstock Fred K.

MARYLAND

1908-
 Date 189
 Month 9- Day 8- Y. 82- M. 4- D. 6-
 Native of Occupation

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living Two

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of Primary

How long sick

Death Immediate

General Debility

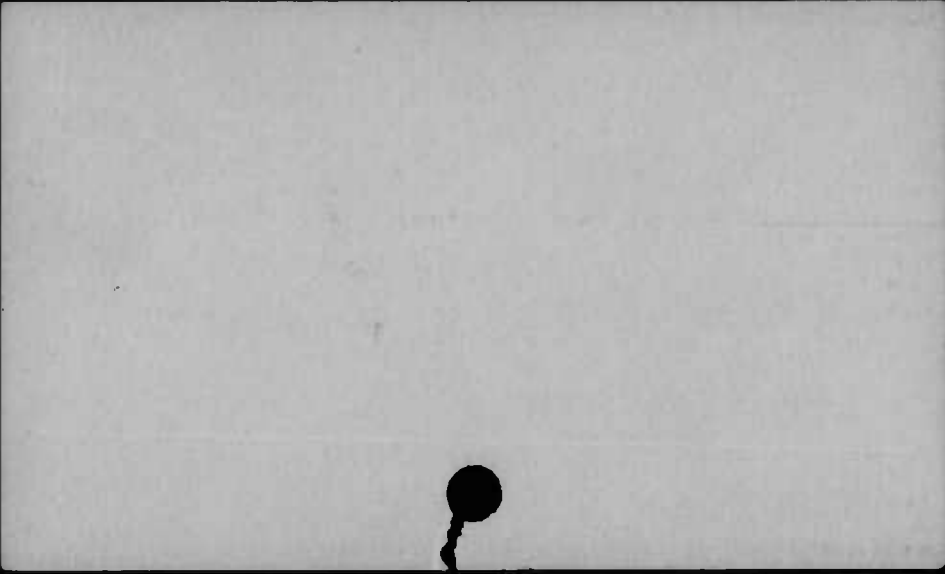
Accident, Suicide, Homicide

Reported by

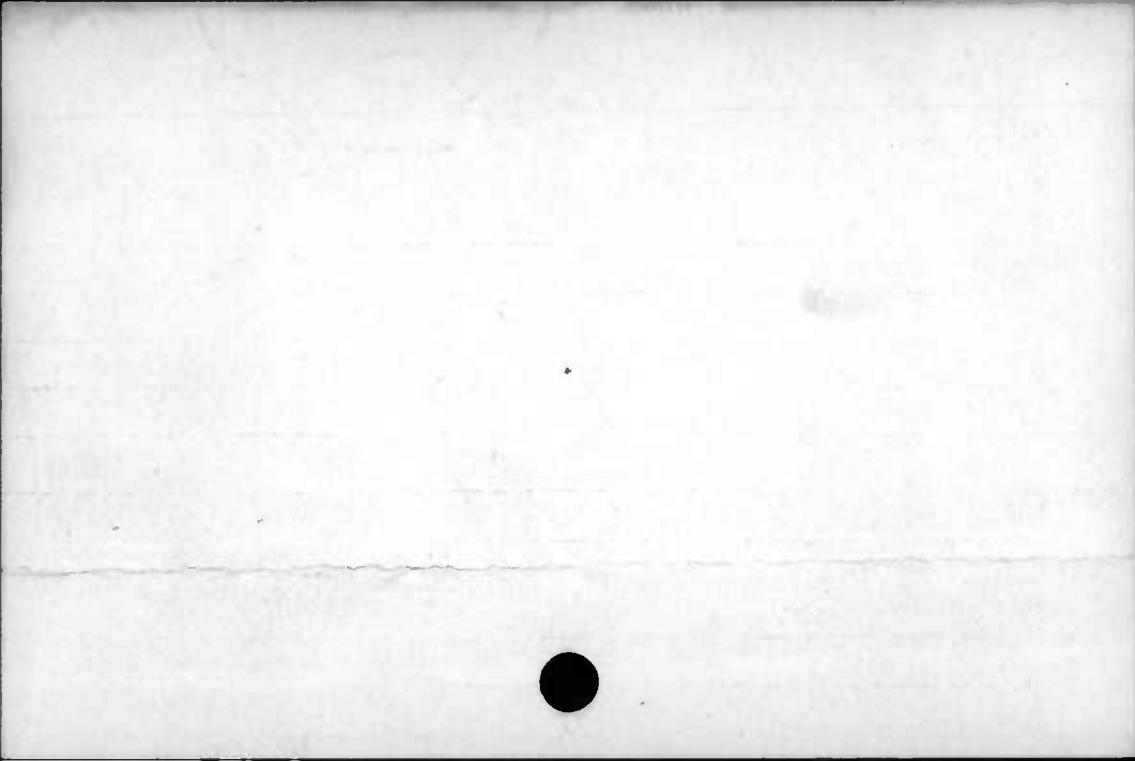
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full		George Edward Barton				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} near Adams Town		^{County} Frederick		MARYLAND							
		Date of death	1905	Month	Sep	Day	13	Age	Years	Months	4	Days	
		Sex	male		Color of	Brown		Birth-place	near Adams Town				
		Occupation							Where Residing if not at place of death				
		Married, Single or Widowed							Name of Writer or Husband				
PHYSICIAN OR CORONER		Father's Name						Edward Barton		Father's Birthplace		Frederick, Md	
		Mother's Maiden Name						Harris		Mother's Birthplace		Frederick, Co Md	
		Name of person giving information						Edward Barton		How related to deceased		Father	
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary						Cholera infantum		How long		105 5 Days.	
		Immediate						Cholera infantum		How long		5 days.	
		Are the name, age, sex, color, date and place correctly given above?						yes		Signature of Physician		O. S. Beuley	
										Address		Adams Town	
												J. Reed	
		Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Adicksburg* TownCounty *Fredrick*

Date

of death

1905 Sept. 24

Age

Years

76

Months

3

Days

17

Sex

*Female*Color or
Race*White*Birth-
place*Littletown, Pa*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*John Biehl*Father's
Name*Adam Shindt*Father's
Birthplace*Pa.*Mother's
Maiden Name*Catherine Starnes*Mother's
Birthplace*Pa.*Name of person giving
information*Ellice Garber*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

General debility

How long

9 mos.

Immediate

Paralysis

How long

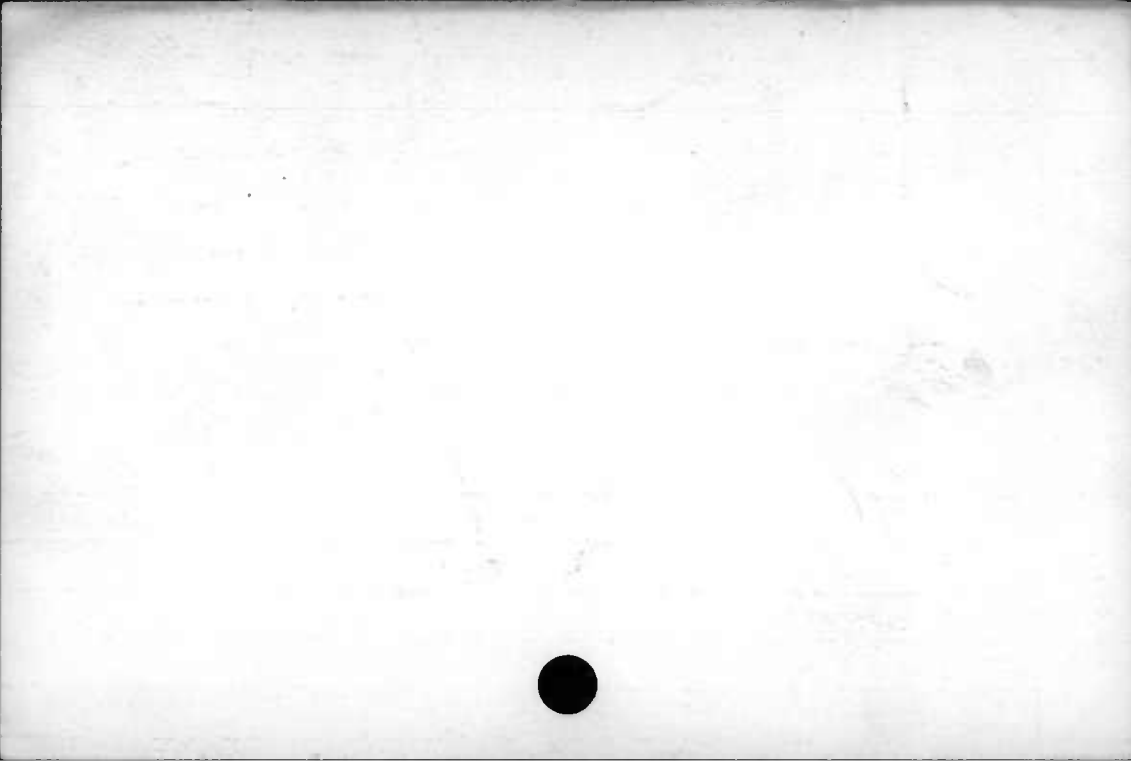
*10 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Dr. Biehl
Adicksburg
Maryland*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Colonel M. Byggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Sept	5th	51			
Sex	Male		Color or Race	White		Birth-place	Ind.
Occupation	Shoemaker		Where Residing if not at place of death		N. South St		
Married, Single or Widowed	Married		Name of Wife or		Laura L. Hargett		
Father's Name	James Byggs		Father's Birthplace		Ind.		
Mother's Maiden Name	Ella M. Hall		Mother's Birthplace		Ind.		
Name of person giving information		Mr Byggs		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	asphyxian	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank Hedger	
Address		Frederick	
Accident or Suicide?			



Name
in
Full

Mr Elizabeth Bowers

CERTIFICATE OF DEATH

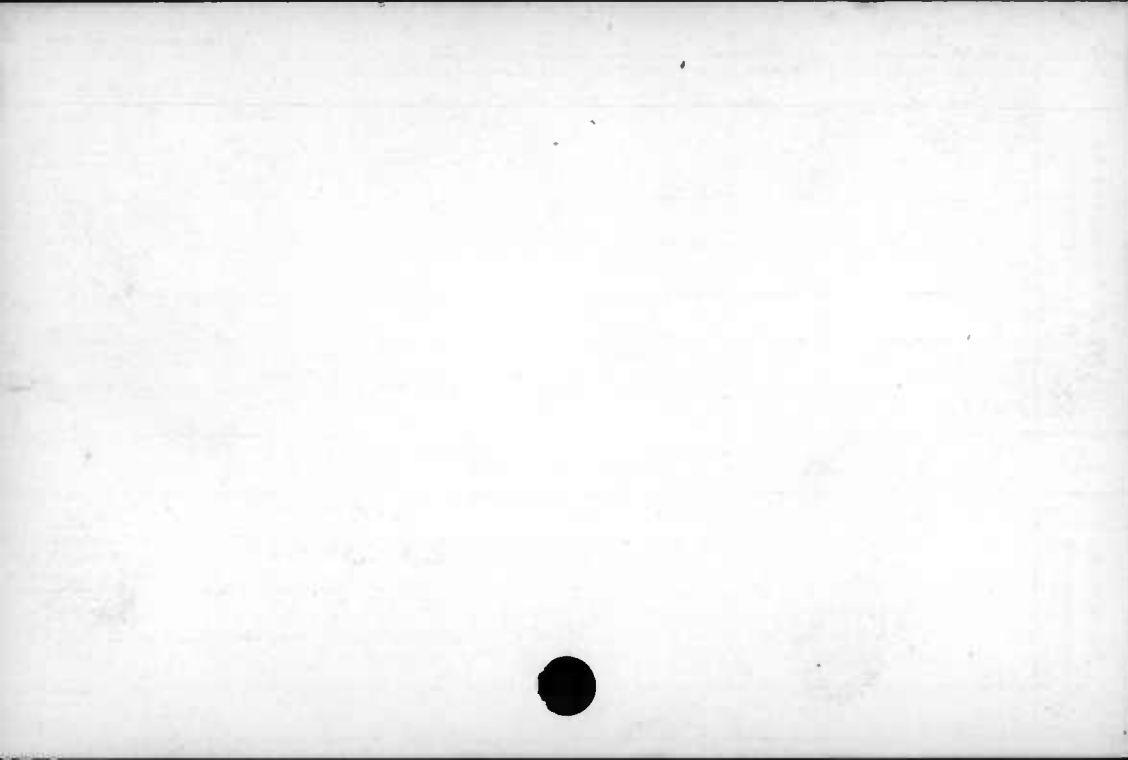
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredrick</u> ^{Town}		<u>dist</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>9</u> ^{Month}	<u>26</u> ^{Day}	Age <u>53</u> ^{Years}	<u>9</u> ^{Months}	<u>18</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Wh</u>	Birth-place <u>Ind</u>			
Occupation <u>H.M.</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife Husband <u>Michael Bowers</u>				
Father's Name <u>Abraham Horne</u>	Father's Birthplace <u>Thurman</u>				
Mother's Maiden Name <u>Agnes Horne</u>	Mother's Birthplace <u>Thurman</u>				
Name of person giving information <u>F. Oberdurf</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>6 mos</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas F. Goodman</u>
	Address <u>[Redacted]</u>
Accident or Suicide? <u>No</u>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

James C Brown

Died at *near Emmitsburg* ^{Town} *Frederick* ^{County}Date of death *1905* ^{Month} *9* ^{Day} *4* Age *22* ^{Years} *4* ^{Months} *12* ^{Days}Sex *Male* Color or Race *colored* Birth-place *MD*

Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single
~~Widowed~~

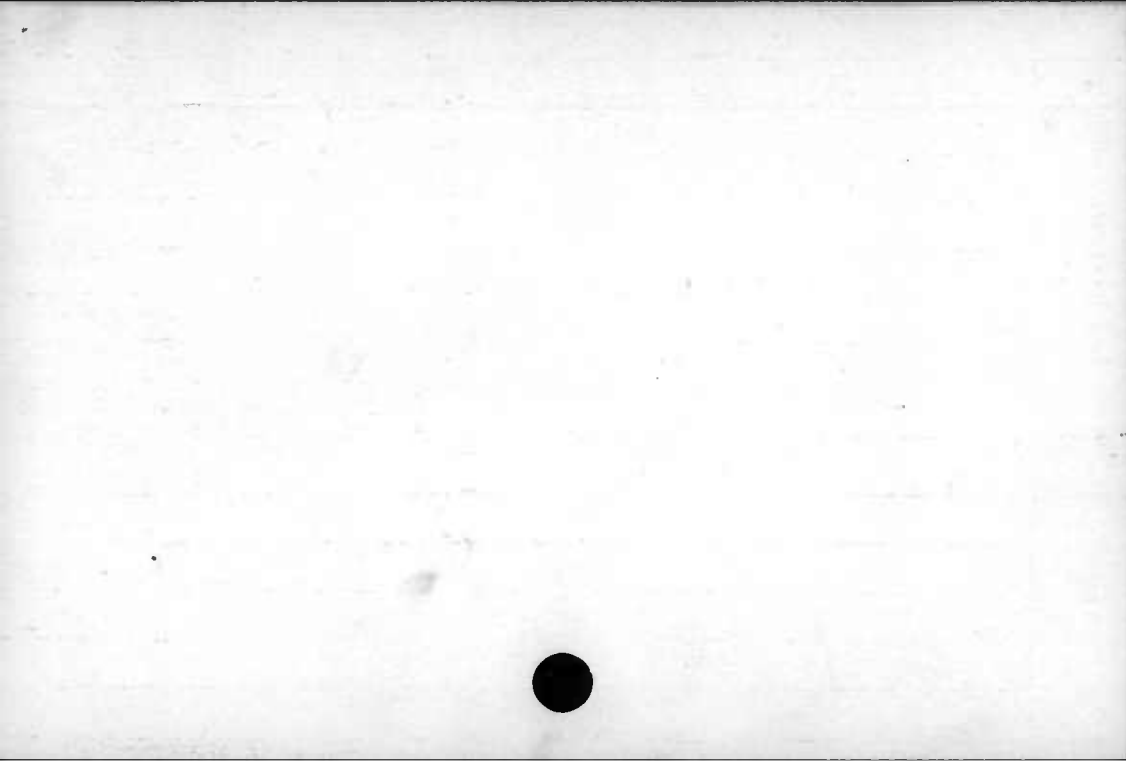
Name of Wife or Husband _____

Father's Name *Samuel Brown*Father's Birthplace *MD*Mother's Maiden Name *Martha Green*Mother's Birthplace *"*Name of person giving information *Isadore Ross*How related to deceased *Sister*

CAUSES OF DEATH

Primary *Tuberculosis of Lungs* ^{How long} *One year*Immediate *Hemorrhage* ^{How long} *One day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *D. E. Stone M.D.*Address *Emmitsburg*

Accident or Suicide? _____



Name
in
Full

Alvin Burall

CERTIFICATE OF DEATH

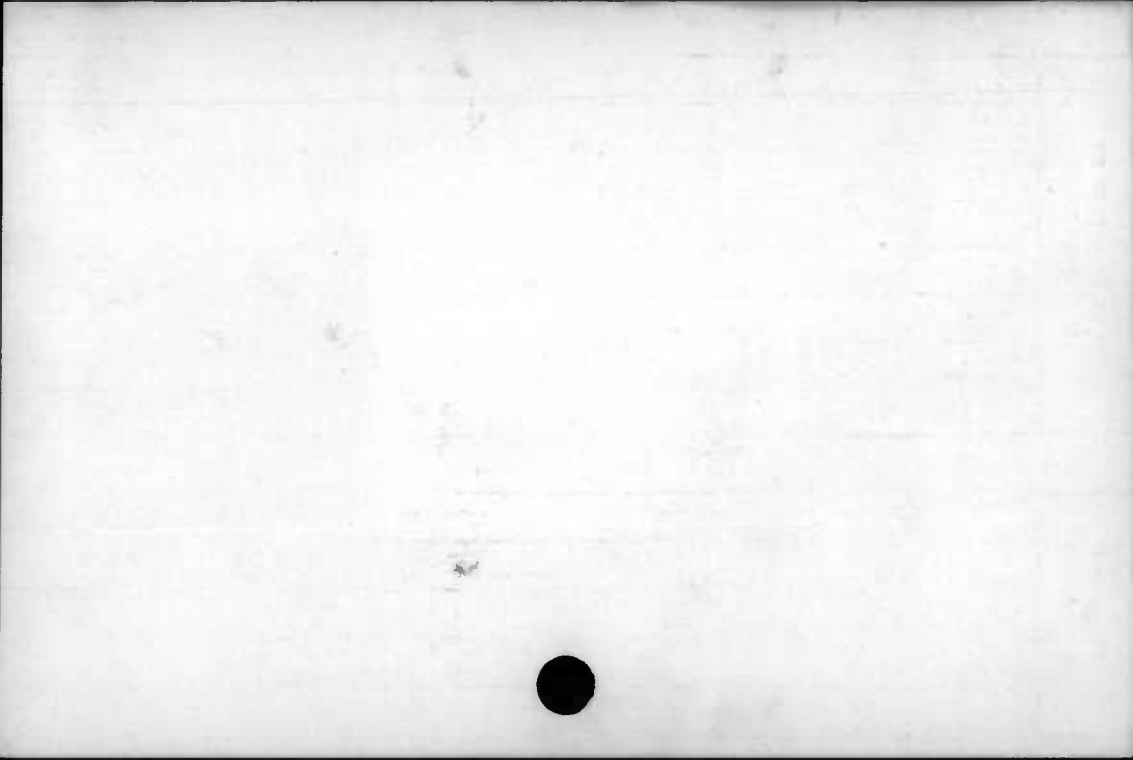
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	1905	Month	9	Day	29
Age	X	Years		Months	2
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Chief	Where Residing if not at place of death X			
Married, Single or Widowed	X	Name of Wife or Husband X			
Father's Name	Johnson Burall			Father's Birthplace	Ind
Mother's Maiden Name	Ernie Bell			Mother's Birthplace	Ind
Name of person giving information	Ernie Burall			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	2 months
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Y es	Signature of Physician	M. Long
		Address	City
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Anna E. Cardwell

Town

County

MARYLAND

Died at Brunswick

Fred.

Date of death 1905 Sept

Day 11

Age

Years 32

Months 7

Days 18

Sex female

Color or Race

white

Birth-place

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed married

Name of Wife or Husband

John Cardwell

Father's Name Columbus Lloyd

Father's Birthplace

Mother's Maiden Name Mary Halley

Mother's Birthplace

Name of person giving information John Cardwell

How related to deceased Husband

CAUSES OF DEATH

Primary Gasolign

How long 24 hours

Immediate Onset of the Heart

How long 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

John Frost

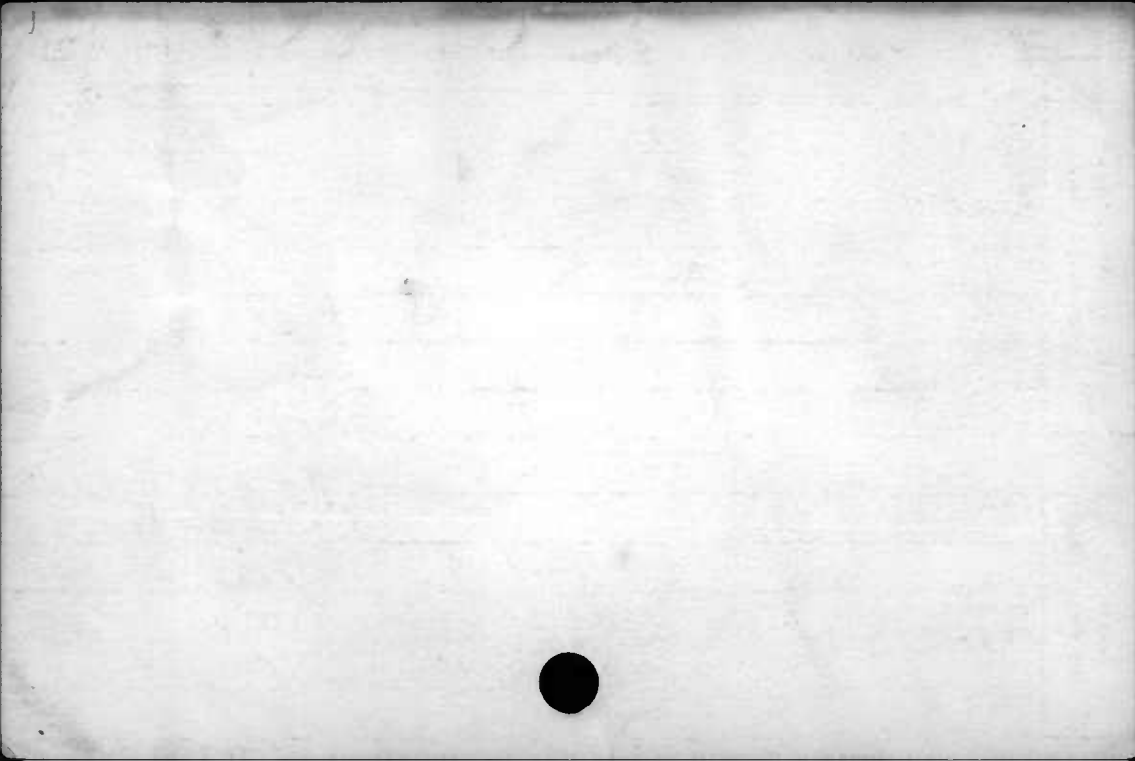
Address

13 Market St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Anna L. Conner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar. Indiana</i>		Town <i>Indiana</i>		County <i>Indiana</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>20</i>	Age <i>42</i>	Years <i>42</i>	Months	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Black Rock Pa.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Conner</i>		<input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name <i>Michael Conner</i>	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name <i>X</i>	Mother's Birthplace <i>X</i>						
Name of person giving information <i>Conner</i>	How related to deceased <i>Husband.</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Six or eight months</i>
Immediate <i>Uræmia</i>	How long <i>a few days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. B. Johnson.</i>
	Address <i>Indiana Ind.</i>
Accident or Suicide?	

Schroeder

Sept 20/05

Mt. Clint

Name
in
Full

Arthur Cromwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Buckleystown</i>		Town <i>Indenck</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>9</i>	Day <i>3</i>	Age <i>68</i>	Years	Months <i>6</i>	Days <i>6</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indenck Co Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Christanna W Trundle</i>							
Father's Name <i>Nicholas Cromwell</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Catharine Eden</i>				Mother's Birthplace <i>Balto Co Md</i>			
Name of person giving information <i>Christanna W Cromwell</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>4 mos.</i>
Immediate <i>Excitation</i>	How long <i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Coulter</i>
	Address <i>Edenstown</i>
Accident or Suicide?	<i>llll.</i>

No 91

Mt. Olivet.

Sept-8-05

C. C. Early

Name
in
Full

Ernest A. Brown

CERTIFICATE OF DEATH

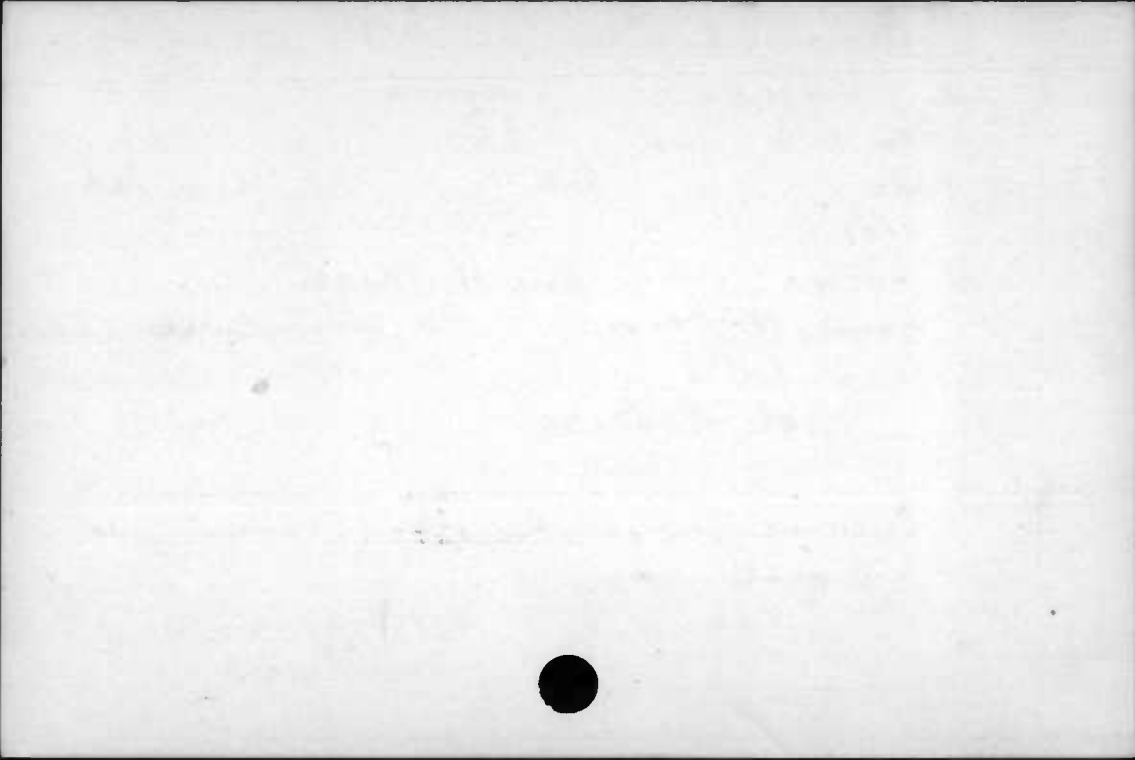
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1905	Month Sept.	Day 3	Age	Years x	Months 2	Days 18
Sex	male		Color or Race	white		Birth-place	Fredk., Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Infant		Name of Wife or Husband				
Father's Name	Lewis E. Brown					Father's Birthplace	Fredk. Co., Md.
Mother's Maiden Name	Annie Fowler					Mother's Birthplace	Fredk. Co., Md.
Name of person giving information	Mrs. Fowler					How related to deceased	Grandmother

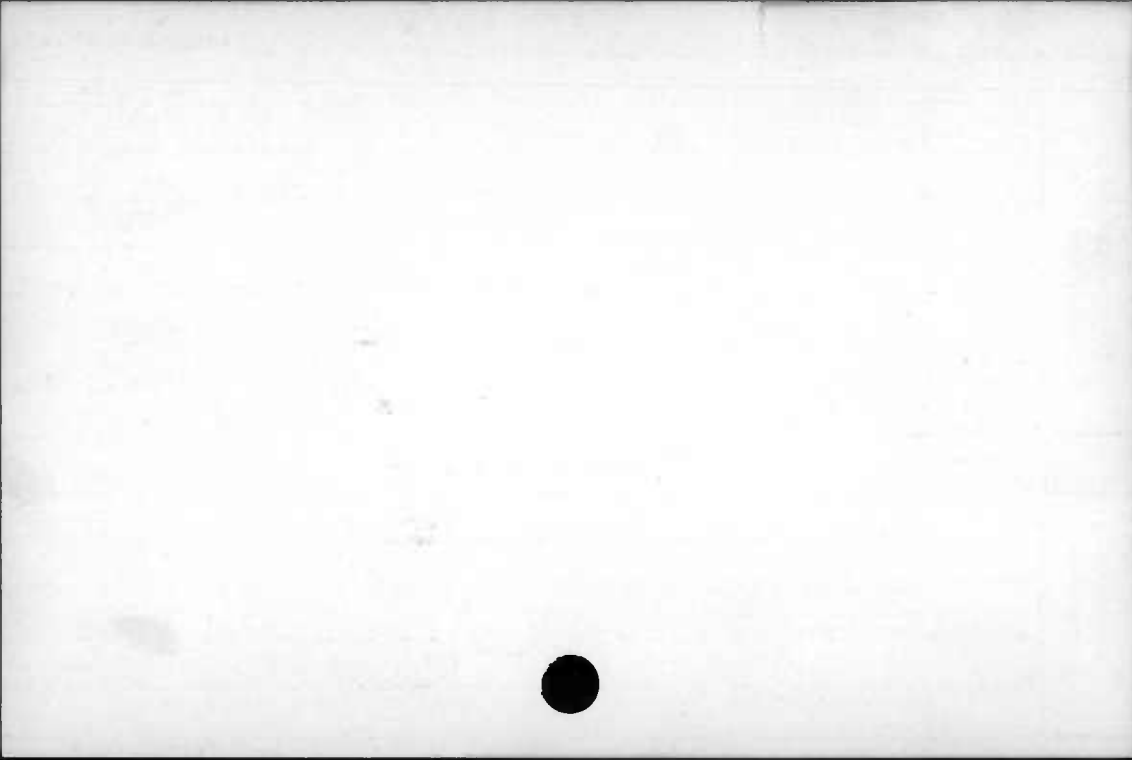
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis		How long	Several weeks
Immediate	Asthemia		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. A. Hendrix, M.D.
			Address	Frederick, Md.
Accident or Suicide?				



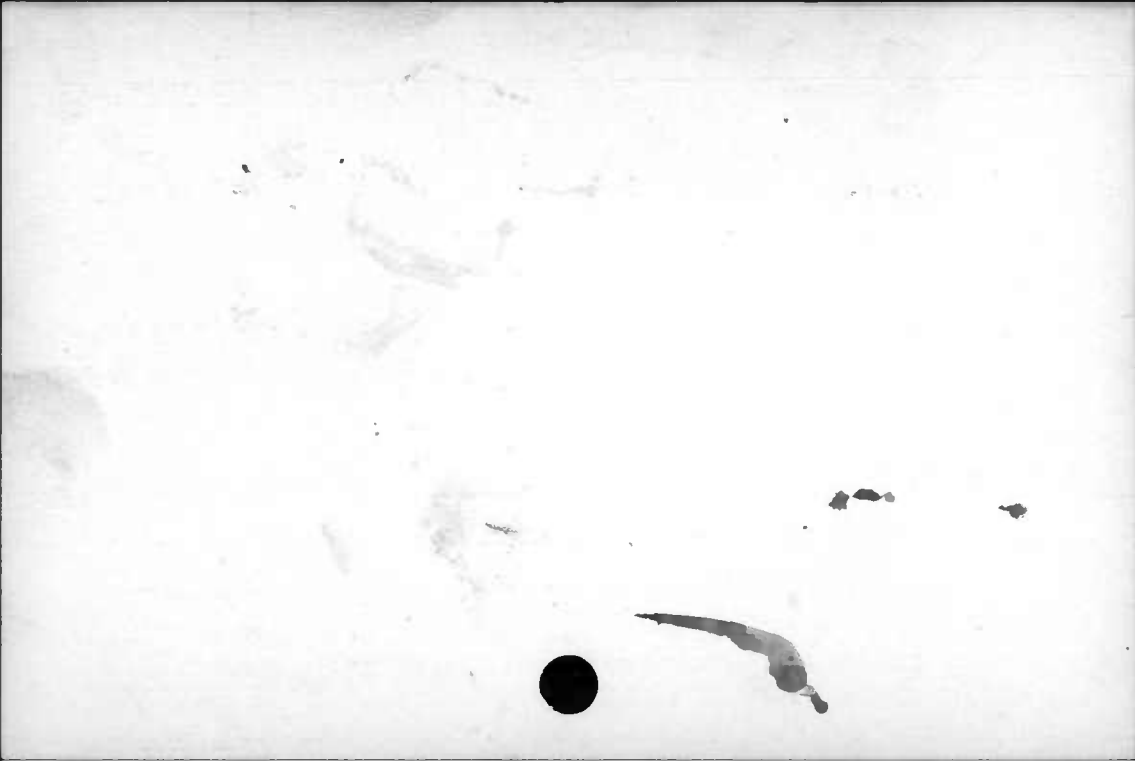
Name in Full		Francis A. Daigen		27		CERTIFICATE OF DEATH	
Town		Janesville		County		Jedineu	
Died near		Janesville		Jedineu		MARYLAND	
Date of death		1905		Month		9	
Day		25		Years		Age	
Sex		male		Color or Race		white	
Occupation		none		Birth-place		Balto., Md	
Where Residing if not at place of death		none		Months		Days	
Married, Single or Widowed		married		Name of Wife or Husband		Kate R. Daigen	
Father's Name		Francis A. Daigen		Father's Birthplace		don't know	
Mother's Maiden Name		don't know		Mother's Birthplace		" "	
Name of person giving information		Kate R. Daigen		How related to deceased		sister	
CAUSES OF DEATH							
Primary		Chronic Bronchitis		How long		several years	
Immediate		Bronchorrhoea		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. H. Hopkins, Jr.	
Address		New Market.		Address		Maryland.	
Accident or Suicide?		no					



Name in Full		Gussie A. Dixon Dixon				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1905		Sept		25		Age 79 -	
Sex		Color or Race		Birth-place		Months	
Female		White		Verbana		12	
Occupation		Housekeeper		Where Residing if not at place of death			
Married, Single		Name of husband		Thos. Dixon			
Widow		Name of husband		John R. Ruse		Father's Birthplace	
Mother's Maiden Name		Mary Ruse		Mother's Birthplace		Md.	
Name of person giving information		Eugene Dixon		How related to deceased		Son	
CAUSES OF DEATH							
Primary							
Scurvy							
Immediate							
Inflammation of bowels 6 days							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes.				E. E. Cullin			
				Address			
				Verbana - Md.			
Accident or Suicide?							

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Nora E. Wronenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *The Kaig* ^{Town} *Frederick* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *Sep.* ^{Day} *11* ^{Years} *0* ^{Months} *4* ^{Days} *5*

Sex *Male* Color or Race *white* Birth-place *The Kaig*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*John Thomas Wronenberg*Father's
Birthplace*Carroll Co. md*Mother's
Maiden Name*Katie E. Etchison*Mother's
Birthplace*Frederick Co md*Name of person giving
Information*The Father of child*How related
to deceased*Atrophy*

CAUSES OF DEATH

*Since its birth*PHYSICIAN
OR CORONER

Primary

Indigestion

How long

Immediate

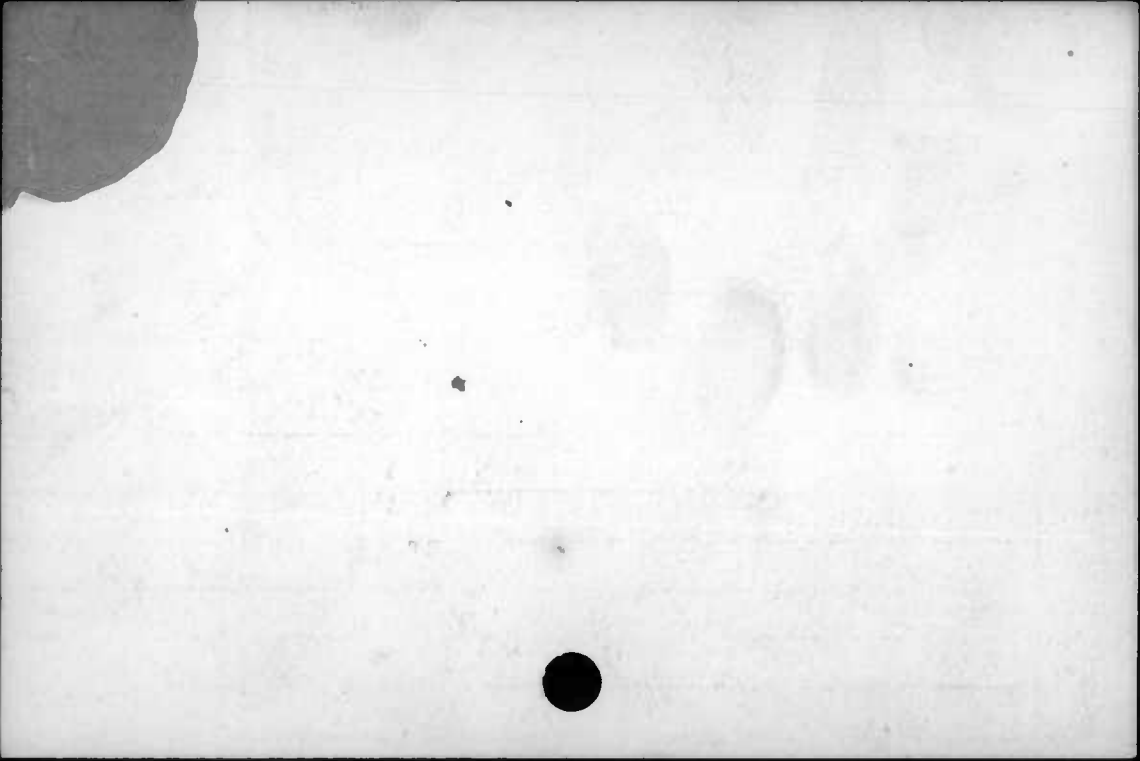
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*L. E. Stone*

Address

*104 Pleasant
Maryland*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

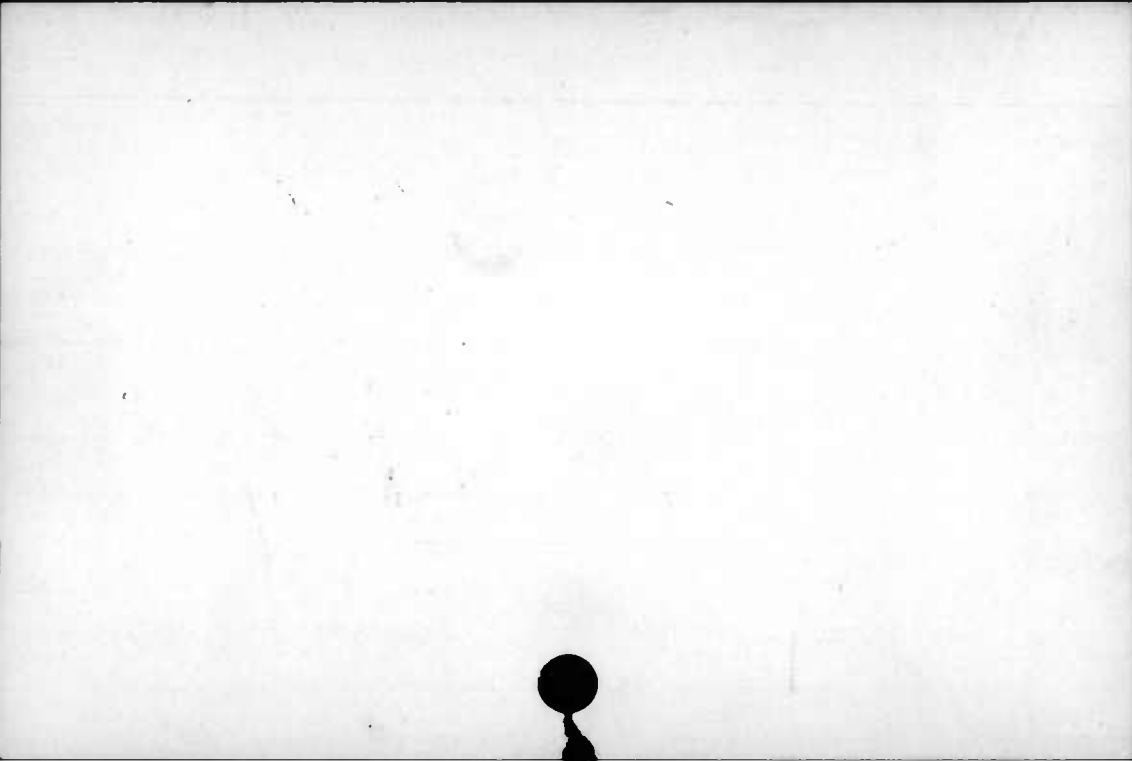
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walbrook</i>		Town <i>Fredrick</i>		County		MARYLAND					
Date of death <i>1905</i>		Month <i>August</i>		Day <i>3</i>		Years <i>10</i>		Months <i>5</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place							
Occupation <i>retired Farmer</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband							
Father's Name <i>Adam Duhl</i>				<div>154</div>				Father's Birthplace			
Mother's Maiden Name								Mother's Birthplace			
Name of person giving information <i>Dorcas Duhl</i>				How related to deceased <i>Daughter</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Insured Death</i>		<div>154</div>	
Immediate		How long <i>six months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. Goldsboro</i>	
<i>Yes</i>		Address	
Accident or Suicide?			



Name
in
Full

Francis E. Early

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland Md</i>		County <i>Frederick</i>		MARYLAND	
Date of death	Month <i>Sept.</i>	Day <i>29th</i>	Age	Years <i>65</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>H. Work</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Early</i>				
Father's Name <i>Peter Miles</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Brucker</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Chas Linton</i>		How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aortic Insufficiency</i>	How long <i>6 years</i>
Immediate <i>Dysentery</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Becker</i>
	Address <i>A edmond</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mildred Estelle Freed

MARYLAND

Died at ^{Town} Burkittsville ^{County} Frederick

Date of death 1905 9 16 Age Years Months Days 8

Sex Female Color or Race White Birth-place Burkittsville Md
Occupation Child Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Arthur E. Freed

Father's Birthplace York Pa

Mother's Maiden Name Margaret Roontz

Mother's Birthplace Md

Name of person giving information Frederick Roontz

How related to deceased Grandfather

CAUSES OF DEATH

Primary Malnutrition

How long 4 weeks

Immediate Convulsion

How long Immediate

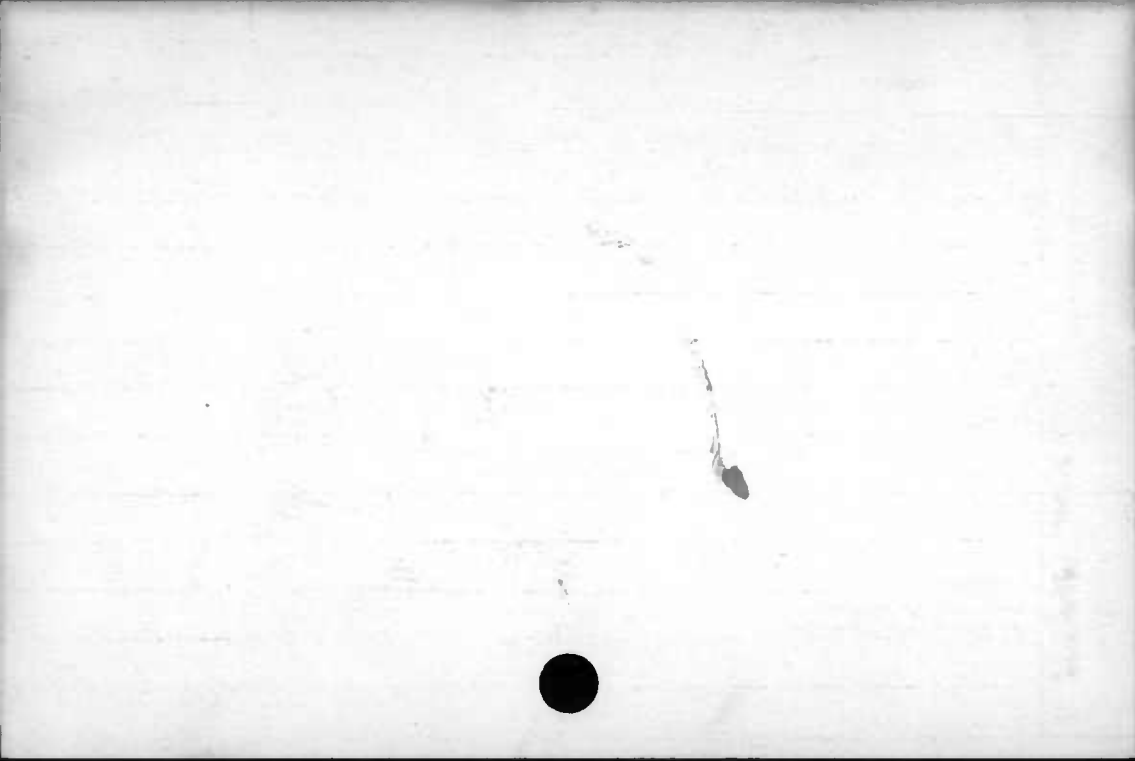
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Geo Younce
Burkittsville
Md

Accident or Suicide?



Name
in
Full

Francis Hobbs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

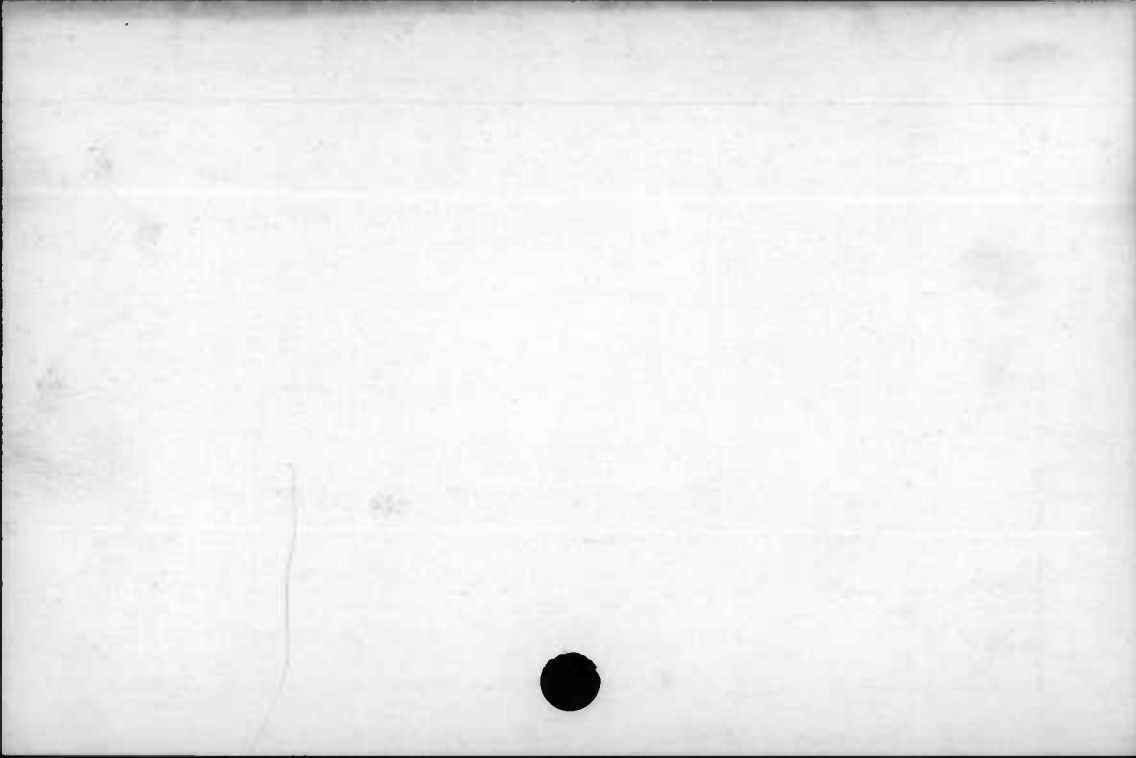
Died at *St. Marys* ^{Town} *Frederick* ^{County} **MARYLAND**
 Date of death *1905* ^{Month} *Sept* ^{Day} *21* ^{Age} *1* ^{Years} *9* ^{Months} *0* ^{Days}
 Sex *Male* Color or Race *White* Birthplace *Fred Co.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *J. H. Hobbs.* Father's Birthplace *Fred Co*
 Mother's Maiden Name *Martha Eckensode.* Mother's Birthplace *" "*
 Name of person giving information *J. H. Hobbs.* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *I suppose diarrhea, as it was with 10 or 12 days before I saw it.* How long _____
 Immediate *Meningitis* How long *Visited 3 days.*
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *J. M. Eichelberger, M.D.*
 Address *Emmitsburg, Md*
 Accident or Suicide? ☒



Name in Full

Certificate of Death

Jacob Henry Holbumer

Died at Woodshor, Fredk., MARYLAND

Date 1905- 9 - 10 Age 66 - 11 - 8 Woodshor, Huckerster

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

Husband Susan Elizabeth Holbumer

Father's Name George Holbumer, Mother's Name Catherine Holbumer

Cause of Death Primary Branchitis. How long sick 10 days

Death Immediate General Debility ~~Accident, Suicide, Homicide~~

Reported by W. H. Fable, M.D.

Address Woodshor, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name In Full

Certificate of Death

Charles E. Holtz

Town

County

Died at

MARYLAND

Date	1803-	Month	9	Day	16	Y.	8	M.	3.	D.	28	Native of	Md.	Occupation
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living					

Husband of _____

Wife

Father's

Name

Holtz

Mother's

Name

Blanchet Heltinger

Cause of Primary

How long sick

One week

Death Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

D. A. Sharet, Undertaker

Address

Hivels bro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

R. H. Hammond,
Woodsboro. Md.,

Seen by Coroner

of

Information contained in this certificate re-
ceived from

D. S. Shaeffer

of

Woodsboro.

Md.

Name
in
Full

Abraham Milbourn Johnson

CERTIFICATE OF DEATH

Died at ^{Town} Frederick^{County} Frederick

MARYLAND

Date of death 1905

Month 9

Day 8

Age

Years X

Months X

Days 9

Sex

Male

Color or
Race

Black

Birth-
place

Md.

Occupation

X

Where Residing if not
at place of death

X

Married, Single
or Widowed

X

Name of Wife or
Husband

X

Father's
Name

Charles Johnson

Father's
Birthplace

Md.

Mother's
Maiden Name

Cora Johnson

Mother's
Birthplace

Md.

Name of person giving
information

Cora Johnson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

4 days

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

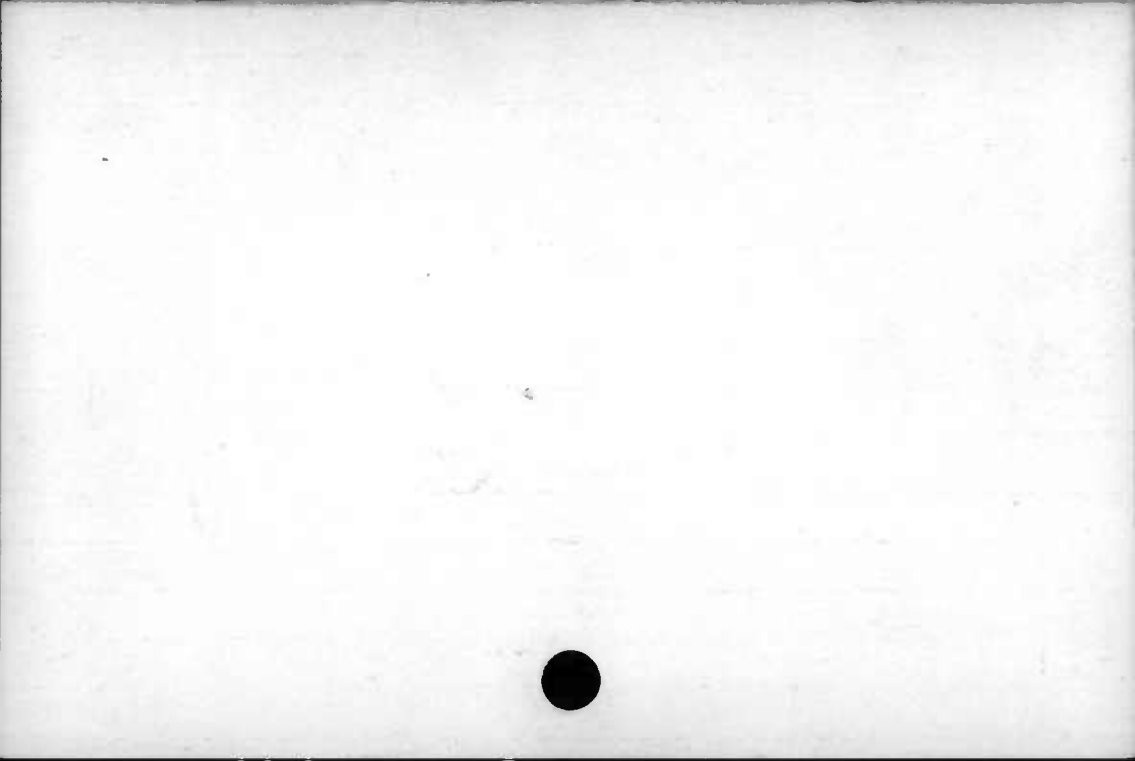
W. A. Long

Address

37 E. Patrick St.
Frederick Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Edward M Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Monteview</u> Town		<u>Frederick</u> County		MARYLAND	
		Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>24th</u>	Years <u>80</u>	Months <u>X</u>	Days <u>X</u>
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Jefferson</u>	
		Occupation <u>Formally a Farmer</u>		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name <u>Thomas Johnson</u>		Father's Birthplace <u>Jefferson</u>			
Mother's Maiden Name		Mother's Birthplace <u>New York</u>					
Name of person giving information <u>Jane E. Adams</u>		How related to deceased <u>Sister</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Senility</u>		How long <u>154</u>			
		Immediate <u>Gastroenteritis</u>		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. S. Lyson</u>		Address <u>Frederick</u>	
		Accident or Suicide?					

Jefferson
Etobion

Name
in
Full

May Estelle Kabnick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Linnikula</i>		County <i>Indenick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>9</i>	Day <i>30</i>	Age <i>—</i>	Months <i>5</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Linnikula</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>William J Kabnick</i>			Father's Birthplace <i>Indenick Co Me</i>		
Mother's Maiden Name <i>Ella May Fisher</i>			Mother's Birthplace <i>“ “ “</i>		
Name of person giving information <i>William J Kabnick</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>3 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Indenick Md.</i>
Accident or Suicide?	

Moberly-

Oct 1-1905-

C. C. Gentry-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>Sept</i>	Day <i>4th</i>	Age <i>77</i>	Years	Months <i>9</i>	Days <i>7</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married or Widowed	<i>—</i>		Name of Husband	<i>Wm Lakin decd</i>			
Father's Name	<i>John Snyder</i>				Father's Birthplace	<i>decd</i>	
Mother's Maiden Name	<i>Whip</i>				Mother's Birthplace	<i>decd</i>	
Name of person giving information	<i>C.T. Zimmerman</i>				How related to deceased	<i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arteriosclerosis of Kidney</i>	How long	<i>?</i>
Immediate	<i>Uraemia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm Crawford Brown</i>
		Address	<i>Frederick Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Phyllis V. Lawson</i>		Town <i>Crossville</i>		County <i>Fredricks</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>10</i>		Years <i>10</i>	
Occupation <i>X</i>		Where Residing if not at place of death <i>Washington D.C.</i>		Birth-place <i>Washington D.C.</i>		Months <i>10</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>Jas. H. Lawson</i>		Father's Birthplace <i>Washington</i>	
Mother's Maiden Name <i>Miss - Hoke</i>		Name of person giving information <i>W.G. McLean</i>		Mother's Birthplace <i>Crossville</i>		How related to deceased <i>Niece</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mal Nutrition</i>	How long <i>10 months</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.G. McLean</i>
	Address <i>Fredricks Md</i>
Accident or Suicide?	

F. Schroeder
Mt. Olivet

Name
in
Full

CERTIFICATE OF DEATH

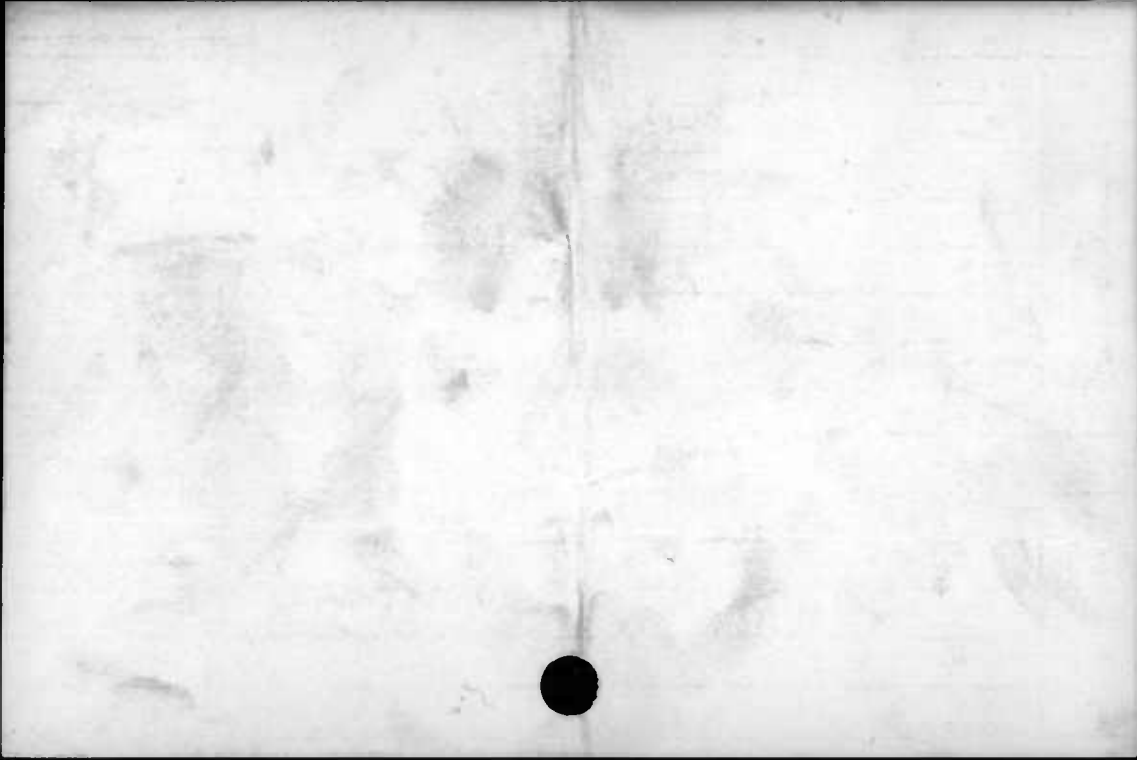
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Mathew</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>9</i>	Day <i>12</i>	Age <i>50</i>	Years <i>—</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Mo</i>		Months <i>—</i>	
Occupation <i>H. R.</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Mathew</i>					
Father's Name <i>X</i>		Father's Birthplace <i>X</i>					
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>X</i>					
Name of person giving information <i>Charles Mathew</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bright's disease</i>	How long <i>Two weeks</i>
Immediate <i>Exhausting</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. Long</i>
	Address <i>Frederick Mo</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harry Oberlander		Town Fredrick		County 7.		MARYLAND	
Died at Fredrick		Date of death 1905 Sept 22		Age 16		Months 16	
Sex Male		Color or Race White		Birth-place N. Ia			
Occupation Clk		Where Residing if not at place of death X					
Married, Single or Widowed S.		Name of Wife or Husband X					
Father's Name William H Oberlander		Father's Birthplace Baltimore Md					
Mother's Maiden Name Emma Rogulachatz		Mother's Birthplace Martinsburg W. Va					
Name of person giving information Emma Rogulachatz		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hamorrhage of Brain from Accidents	How long Accidents
Immediate Accidents of Brain	How long Accidents
Are the name, age, sex, color, date and place correctly given above? (X) 106	Signature of Physician Dr. McCurdy
	Address 157 W. Pax City
Accident Swindle?	

Funeral Monday

Sept 25 -

M. O. O. O. O. -

O. O. O. O. O. -

- -

Name
in
Full

William Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Walkersville, Md.^{County} FrederickDate of death 1905 ^{Month} Sept. ^{Day} 3Age 7 ^{Years} month^{Months} 7^{Days}

Sex male

Color or
Race

white

Birth-
place

Walkersville, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

James Powell

Father's
Name

James Powell

Father's
Birthplace

Co.

Mother's
Maiden NameMother's
Birthplace

Co.

Name of person giving
information

Physician

How related
to deceased

Parents

CAUSES OF DEATH

Primary

Marasmus

How long

Immediate

Marasmus

How long

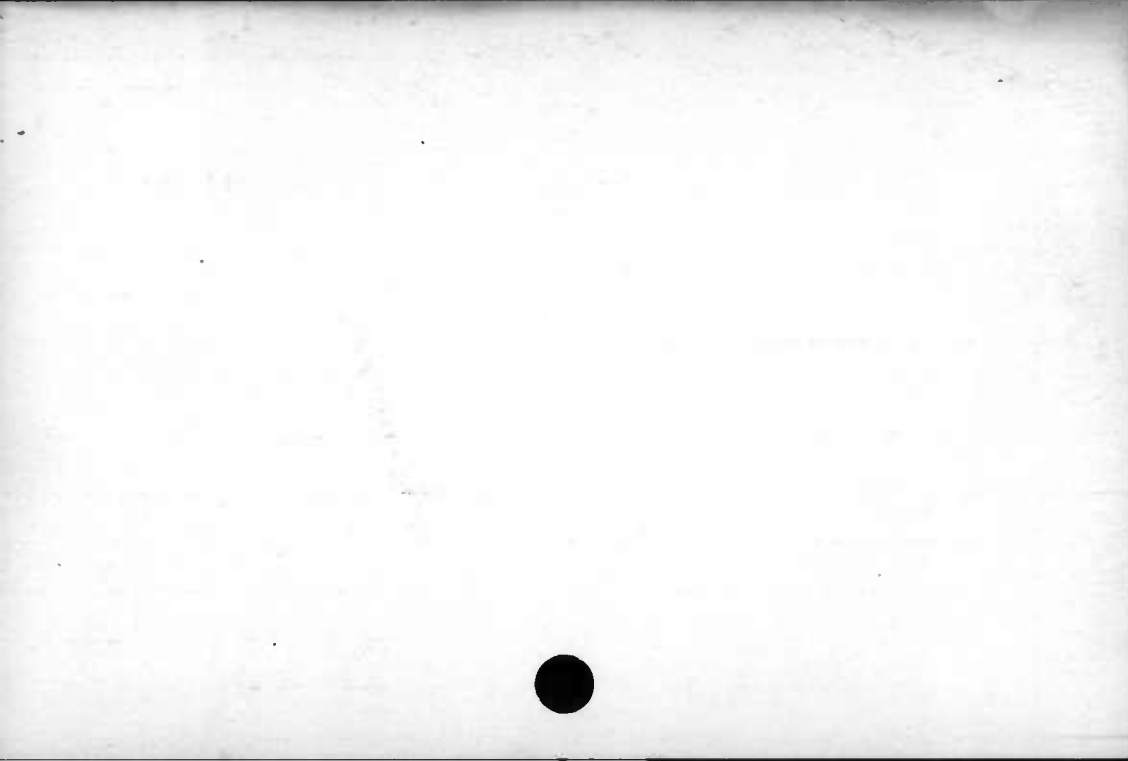
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Yes

M. J. Zimmerman
Walkersville
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John P. Quinn Sr</i>		Town <i>Fredrick</i>		County <i>Fredk</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905</i>		<i>73</i>		<i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>County official</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or husband <i>Susan Elizabeth Miller</i>					
Father's Name <i>Patrick Quinn</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Martina Storch</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>William Quinn</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>4 years</i>
Immediate	<i>Obstruction of Bowels & Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Chas. F. Gooden md</i>	
		Address	
		<i>Fredrick, Md</i>	
Accident or Suicide?			
<i>no</i>			



Name in Full		Certificate of Death			
Joseph Ignatius Reed		TOWN New Consarillo			
Died at		COUNTY Indenick			
Date of death		1905	Month 9	Day 16	Age —
Sex Male		Color or Race White		Months 2	Days 24
Occupation —		Birth-place Indenick Co		Where Residing if not at place of death —	
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name John Hayes		Father's Birthplace —			
Mother's Maiden Name Isabella Reed		Mother's Birthplace —			
Name of person giving information Isabella Reed		How related to deceased Mother			
CAUSES OF DEATH					
Primary Marasmus		How long 15			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Lieb			
		Address Mt. Pleasant			
Accident or Suicide?		Fred R. Lee			

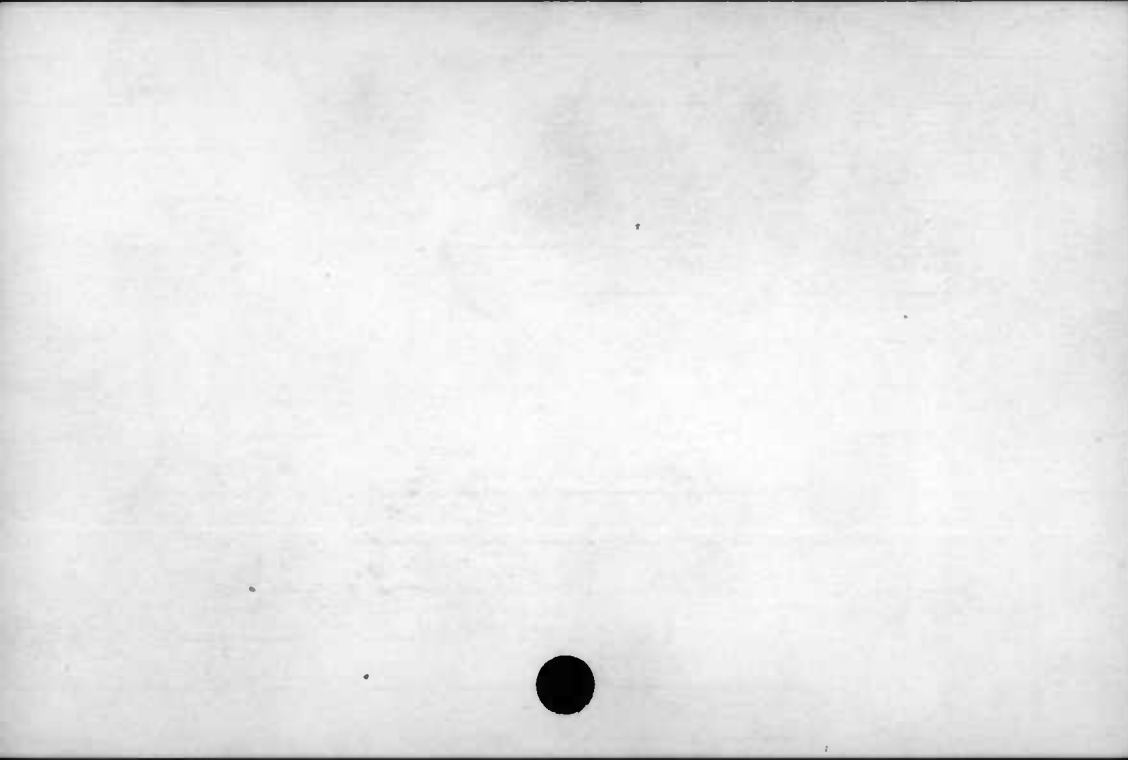
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St. Johns
Fredk

County Sep 187

Name in Full		Robert E. Remm				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Died at		Frederick		Maryland		
		Date of death		1905	Month	Sept.	Day	21th
		Age		Years		Months		
		Sex		Male		Color or Race		White
		Occupation		Where Residing if not at place of death		Birth-place		
		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		George E. Remm		Father's Birthplace		
		Mother's Maiden Name		Lollia B. Bierley		Mother's Birthplace		
		Name of person giving information		George E. Remm		How related to deceased		
						Mother		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Nephritis		How long		
		Immediate		Enteritis		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		2 months		
		Signature of Physician		Frank Hedges		2 weeks		
		Address		Frederick				
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

Maryann E. Richardson
Riley Spring 2 Frederick County

MARYLAND

Died at Date of death 1905 Month Sept Day 25th Age 64 Years Months 10 Days

Sex Female Color or Race White Birth-place Md.

Occupation H. B. Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband James A. Richardson

Father's Name Patrick Cellmer Father's Birthplace Ireland

Mother's Maiden Name Jane Grose Mother's Birthplace Md

Name of person giving information Mrs. Free How related to deceased Slayton

CAUSES OF DEATH

Primary Nephritis Chronic How long 2 years
Immediate Acute Indigestion How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank H. H. H.
Frederick

Accident or Suicide?

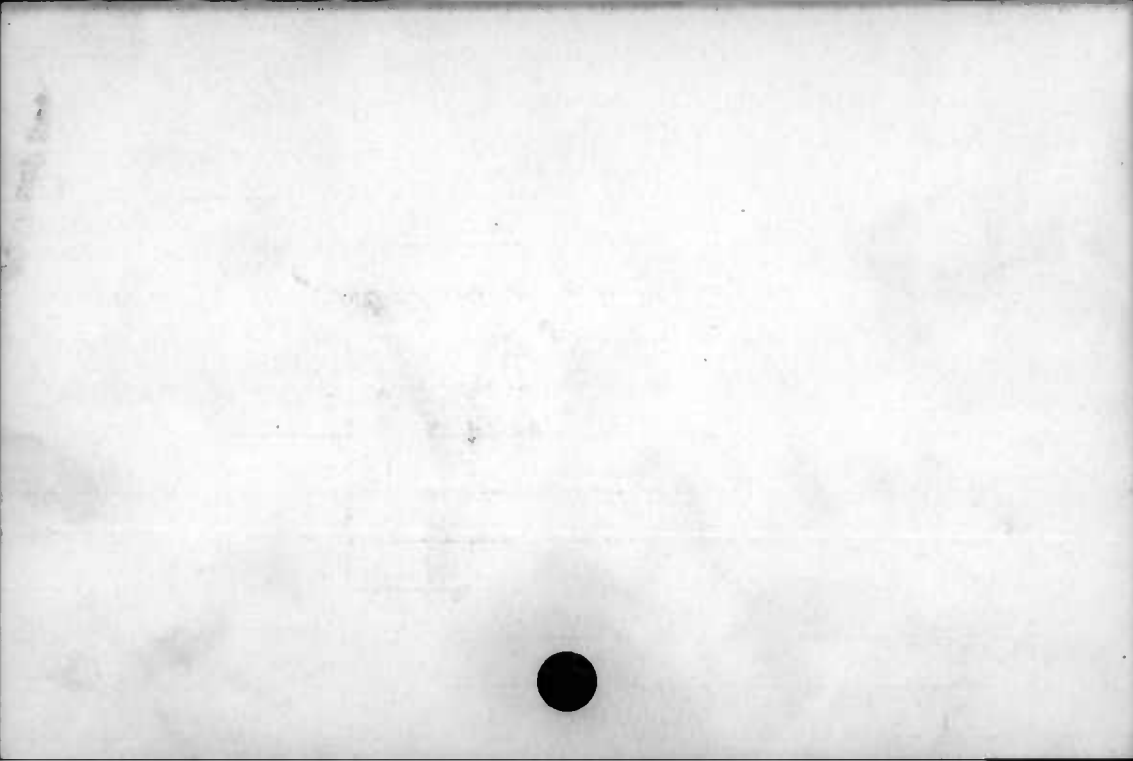
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

M. Cluett

T. P. Rice

Name in Full		Solomon Ridenour				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Greagerstown		County Frederick		MARYLAND	
	Date of death	1905	Month Sep	Day 28	Age 50	Months	Days
	Sex	Male		Color or Race	white		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		at place of death	
	Married, Single or Widowed	Married		Name of Wife or Husband		Sarah Fisher.	
	Father's Name	Benjamin Ridenour		Father's Birthplace		Don't know	
	Mother's Maiden Name	Renner		Mother's Birthplace		Don't know	
Name of person giving information	Sarah Ridenour		How related to deceased		Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Senile Debility			How long	8 months	
	Immediate	Apoplexy			How long	2 days.	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. D. S. Young	
	as I know			Address		Greagerstown Frederick Co	
	Accident or Suicide?						



Name
in
Full

Harnett Riggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mountain Hospital* ^{Town} *Frederick* ^{County}

MARYLAND

Date of death *1905* ^{Month} *Sept* ^{Day} *9* ^{Years} *46* ^{Months} ^{Days}Sex *Female* Color or Race *Black* Birthplace

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Genl debility* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. S. Lyson
Frederick
Md.

Accident or Suicide?



Name
in
Full

Irene Eulalia Sappington

CERTIFICATE OF DEATH

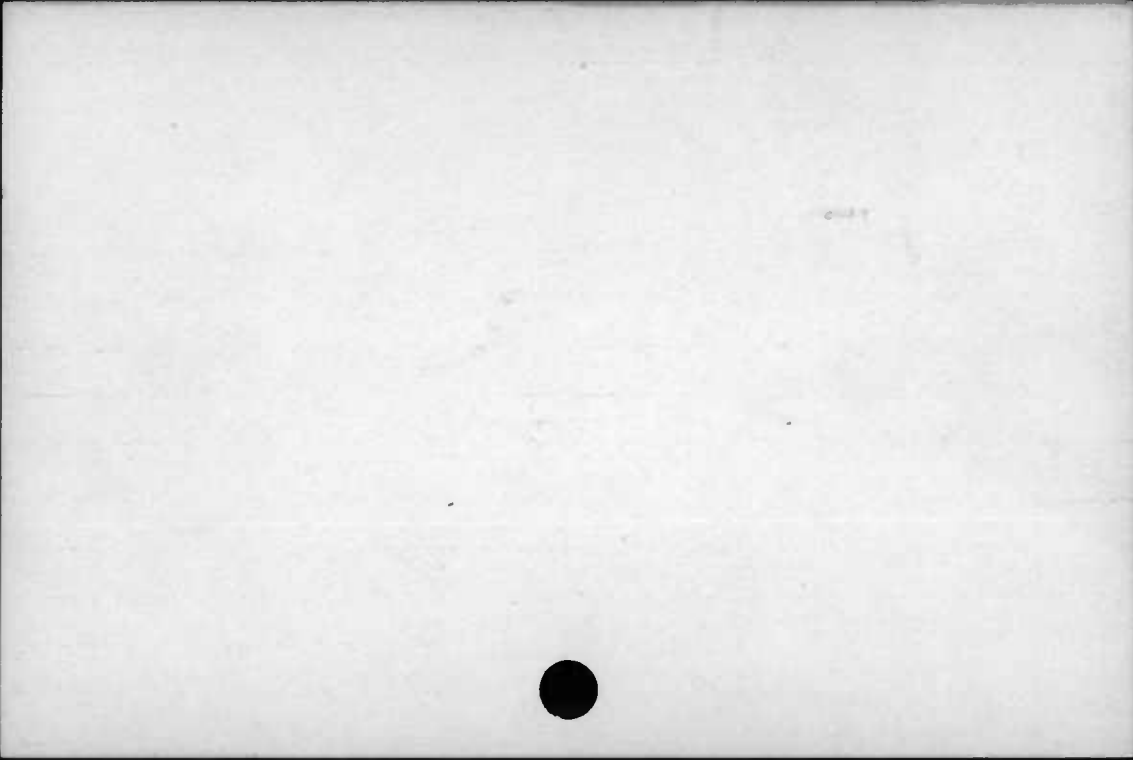
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Libertytown		Frederick		TOWN		COUNTY		MARYLAND	
Date of death 190		5	Sept	18	Age	67	Months	5	Days	3	
Sex		Female		Color or Race		white		Birth-place		Fredk City	
Married, Single or Widowed		Married		Occupation		House keeper					
Name of Wife or Husband		Dr. A. A. Sappington									
Father's Name		Casper Manning						Father's Birthplace		Fredk City	
Mother's Maiden Name		Elizabeth H Elder						Mother's Birthplace		Fredk Co	
Name of person giving information		Angela Sappington						How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	2 years
Immediate	Heart Failure	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. C. Sappington M D	
Address		Libertytown Maryland	
Accident or Suicide?			



Name
in
Full

Alexander Seales -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montgomery Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1905	Month	Sept	Day	10	Age	62
Sex	Male		Color or Race	Black		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac debilitation</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>		
	Address <i>Frederick Md</i>		
Accident or Suicide?			



Name
in
Full

Bruce M Shank

CERTIFICATE OF DEATH

Died at ^{Town} *Woodsboro.*^{County} *Fred.*

MARYLAND

Date
of death *1905*Month *9*Day *18*Age *—* YearsMonths *7*

Days

Sex *Male*Color or
Race*White*Birth-
place*Woodsboro, Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Carroll E. Shank*Father's
Birthplace*Woodsboro*Mother's
Maiden Name*Maggie Shank*Mother's
Birthplace*Blunsville*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Auto-intoxication

How long

19 days

Immediate

Inflamm. of Kidney

How long

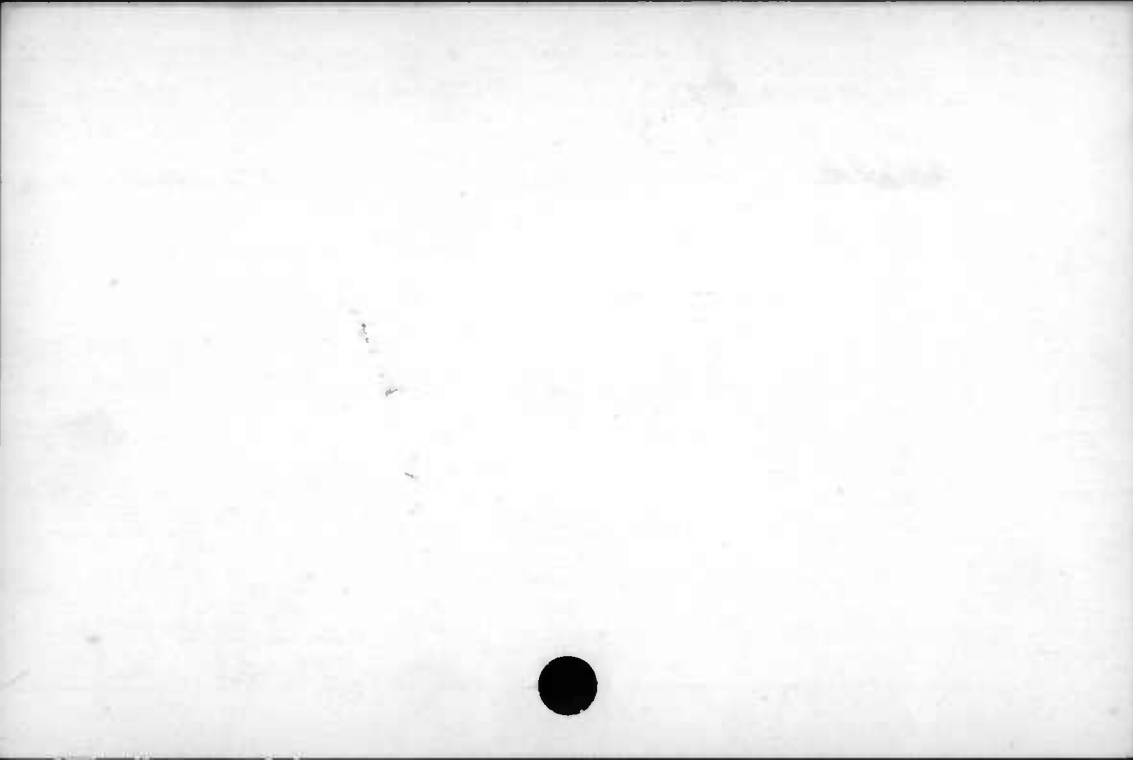
*6 or 7 days*Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician

Address

*W. R. Kahle,
Woodsboro,*

Accident or Suicide?

*Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mellie D. Shilling

CERTIFICATE OF DEATH

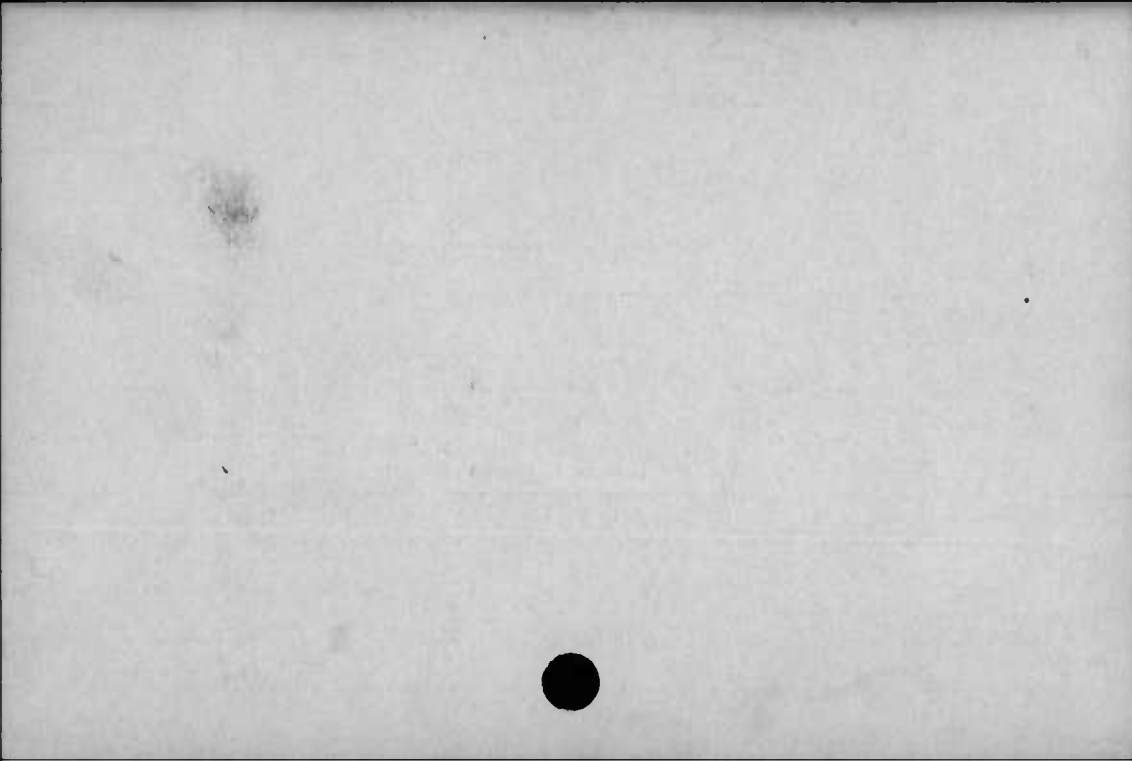
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death	190	Month Sept	Day 14	Age	Years	Months 6	Days 23
Sex	Male		Color or Race	White		Birth- place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Hyrkiah Shilling			Father's Birthplace	
Mother's Maiden Name			Mary Jane Pitts			Mother's Birthplace	
Name of person giving In formation			Hyrkiah Shilling			How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	bronch Indigestion	How long	2 mos.
Immediate	Inanition or Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Lerin Kist	
		Address	
		Brunswick Ind.	
Accident or Suicide?			



Name
in
Full

Daniel H. Shook

CERTIFICATE OF DEATH

Town

County

Died at GreenvilleFrederick

MARYLAND

Date

of death 1905

Month

9

Day

7

Age

Years

55

Months

10

Days

13

Sex

MaleColor or
RaceWhiteBirth-
placeFrederick Co. Md.

Occupation

FarmerWhere Residing if not
at place of deathSameMarried, Single
or WidowedMarriedName of Wife or
HusbandHarriet A. Kintz.Father's
NameDaniel ShookFather's
BirthplaceF. Co. Md.Mother's
Maiden NameSusanna StaleyMother's
Birthplace" " "Name of person giving
In formationMrs. ShookHow related
to deceasedWidow.

CAUSES OF DEATH

Primary

Progressive Paralysis

How long

Several years

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

J. O. Kuddus, M.D.,
Frederick, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

No 92

Thos. P. Rice

Sept. 9/05

Name
in
Full

Almira Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Buckeytown ^{Town} Free ^{County} MARYLAND

Date of death 1905 ^{Month} Sept ^{Day} 8 ^{Years} 37 ^{Months} 2 ^{Days} 18

Sex Female Color or Race White Birth-place MD

Married, Single or Widowed Married Occupation _____

Name of Wife or Husband James H. Smith

Father's Name Chas. Millard Father's Birthplace Mass

Mother's Maiden Name Margaret Jones Mother's Birthplace Va

Name of person giving information Margaret Ransom How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Eclampsia (13) How long 6 hrs.

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician T. Clyde Roulson

Address Buckeytown

Accident or Suicide? _____



Name
in
Full

David Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocky Springs</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND		
Date of death	<i>1905</i>	<i>9</i> ^{Month}	<i>4</i> ^{Day}	Age <i>85</i> ^{Years}	<i>11</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>Henry Smith</i>	Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>—</i>					
Name of person giving information <i>Joe. Hildebrand</i>	How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>+</i>
Immediate <i>Senile Debility</i>	How long <i>+</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>Thomas P. Rice</i>
Accident or Suicide?	<i>Funeral Director</i>

T. P. Rice

92

Houk.

Name
in
Full

Maurice Smith

CERTIFICATE OF DEATH

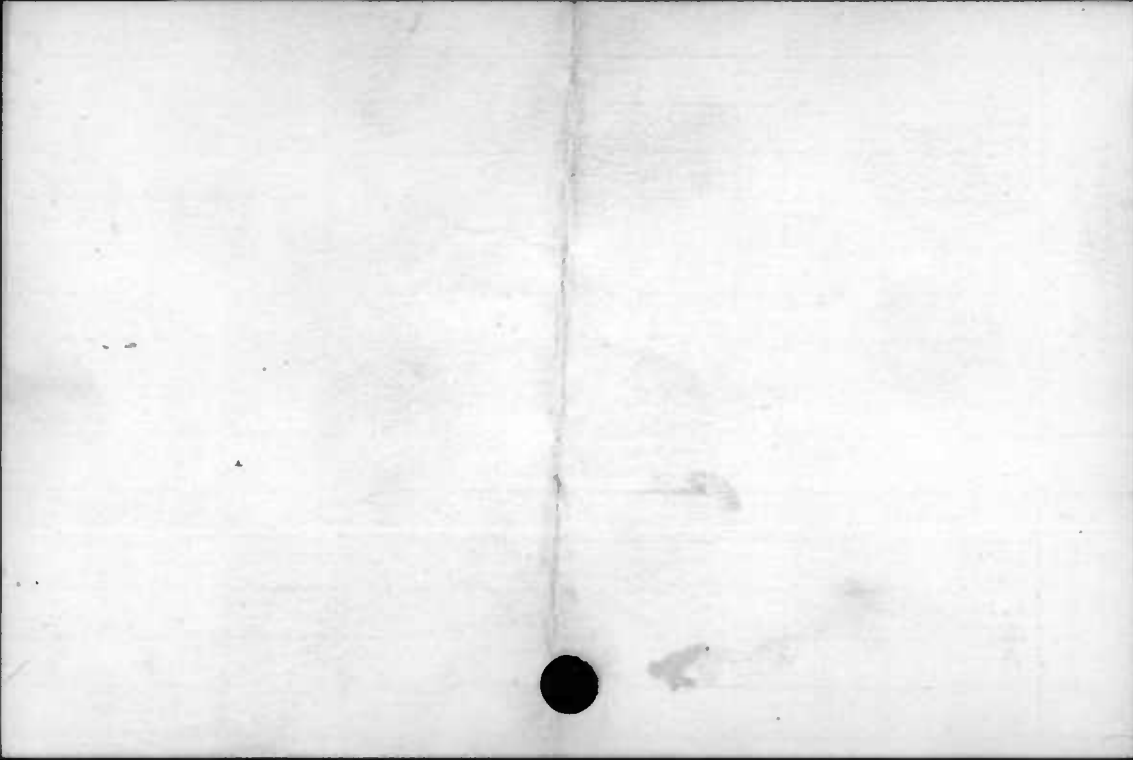
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Loyo.		County Frederick.		MARYLAND	
Date of death		1905	Month Sept	Day 20	Age 5-2	Years 11	Months 16
Sex Male		Color or Race		Birth-place Fred. Co			
Occupation Railroad Employee		Where Residing if not at place of death Loyo.					
Married, Single or Widowed		Name of Wife or Husband Robinson.					
Father's Name John. Smith.		Father's Birthplace Middlem-					
Mother's Maiden Name Ann. Moriah. Coblenz.		Mother's Birthplace "					
Name of person giving information Ella. Smith.		How related to deceased Sister.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Emphysema	How long	3 yrs
Immediate	progressive paralysis	How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Morris A. Birch	
Address		Thurmont	
Accident or Suicide?		no	



Name
in
Full

Irvin Hamblen Spalding

CERTIFICATE OF DEATH

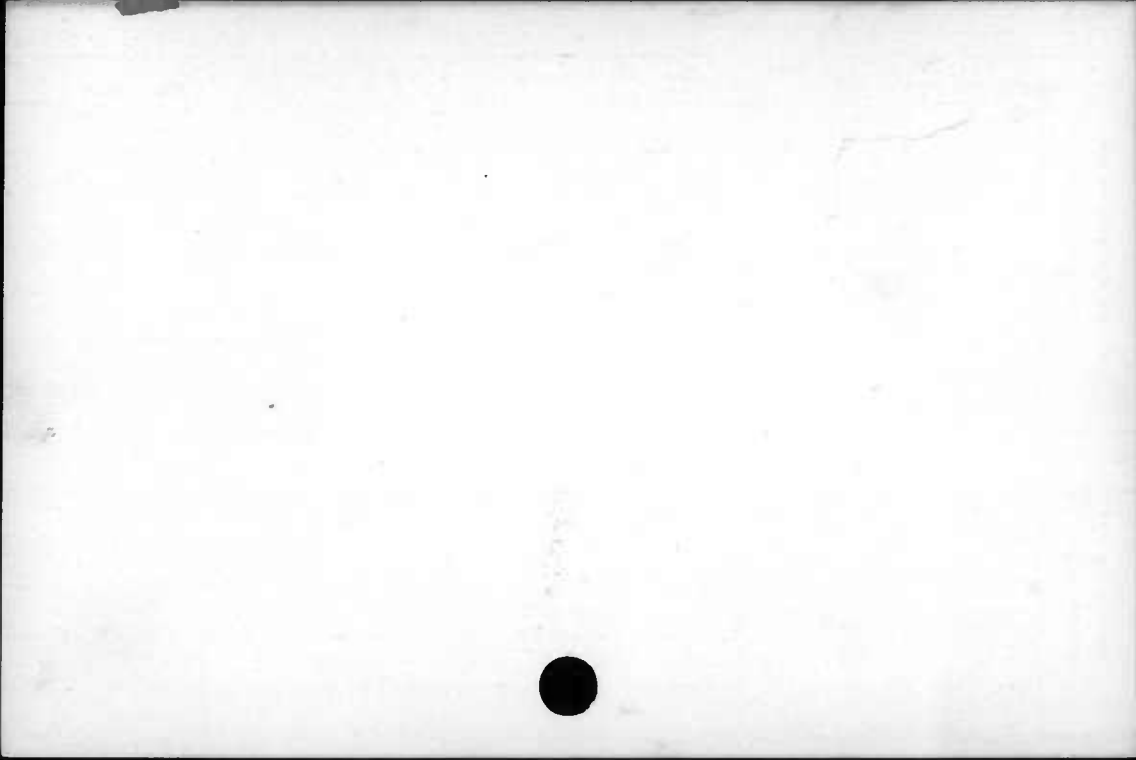
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908-		Sept	8		1	0	22
Sex		Color or Race		Birth-place			
Male		White		Thurmont			
Occupation				Where Residing if not at place of death			
Infant							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Leha' Spalding							
Mother's Maiden Name				Mother's Birthplace			
Bertha Phillips				Ind			
Name of person giving information				How related to deceased			
Lutia Kersager				none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Acute Illness	5 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	M. A. Beerly
	Address
	Thurmont
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name <i>Harry Sparkes</i>		Town <i>Indefinite</i>		County <i>Indefinite</i>			
Died at							
Date of death	1905	Month <i>Sept.</i>	Day <i>17</i>	Age <i>63</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>va</i>				
Occupation <i>Waiter</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Sparkes</i>						
Father's Name <i>John Sparkes</i>				Father's Birthplace <i>va</i>			
Mother's Maiden Name <i>Nellie Brown</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs Sparkes</i>				How related to deceased <i>Widow</i>			

CAUSES OF DEATH

Primary <i>Heart Disease</i>	How long <i>One year</i>
Immediate <i>Asthma</i>	How long <i>Two Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Hoffner</i>
	Address <i>Indefinite, Md.</i>
Accident or Suicide?	

Buried on Laboring Sons
Graveyard on E 3rd St

2 P M Sep 14 15

Name
in
Full

Charlott E. Stailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Fredk Fredk^{County} Frederick

MARYLAND

Date
of death 1905

Month

9

Day

23

Years

Age 57 yrs.

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Middletown Md

Occupation

House Keeper.

Where Residing if not
at place of death

323 S. Market St.

Married, Single
or Widowed

married.

Name of Wife or
Husband

Howard Stailey

Father's
Name

John Routzahn

Father's
BirthplaceFredk Co
MdMother's
Maiden Name

Mary Sheffer

Mother's
Birthplace

" "

Name of person giving
information

Howard Stailey

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Carcinoma of Stomach

How long

16 mos.

Immediate

Convulsions.

How long

4 hours.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

J. T. Jefferson

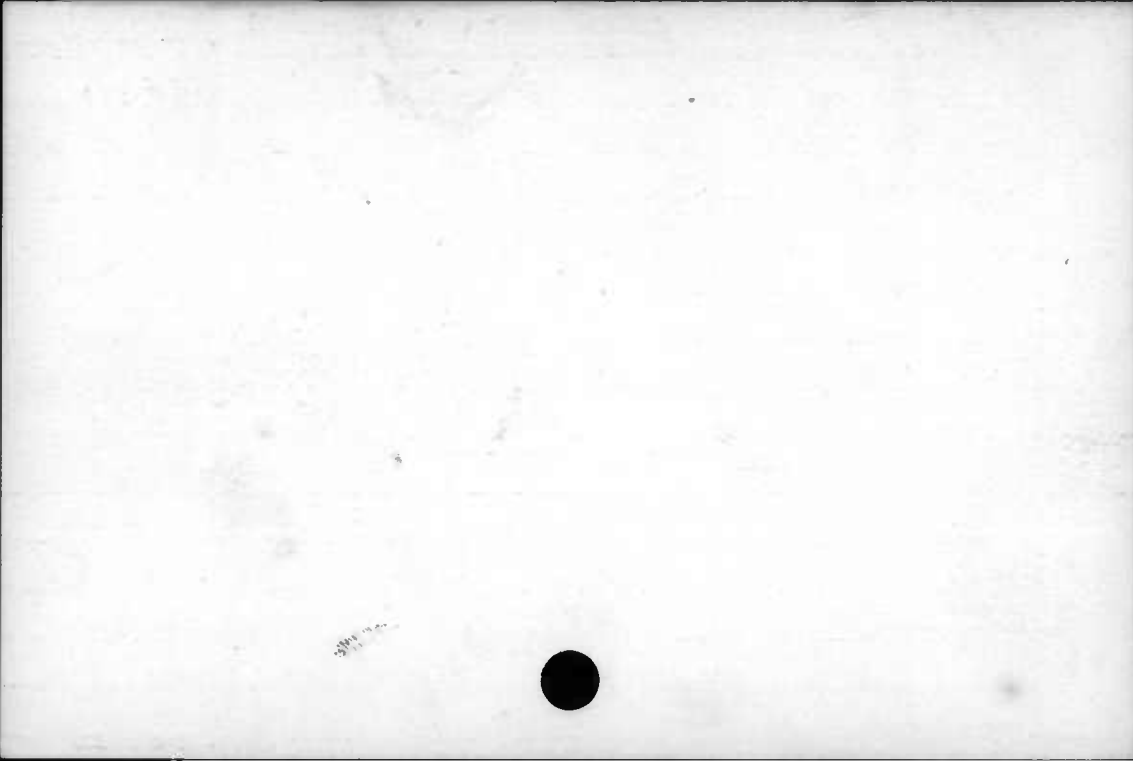
Address

303 S. Market St.

Frederick. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Raymond Dewors Stull

CERTIFICATE OF DEATH

Died at		Town Thurmont		County Frederick		MARYLAND	
Date of death		1906	Month Sept	Day 26	Age —	Years —	Months 3
Sex Male		Color or Race White		Birthplace Ind 5 Geo Ind			
Occupation —				Where Residing If not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Aaron Stull				Father's Birthplace New Thurmont Ind			
Mother's Maiden Name Bertha M Dewors				Mother's Birthplace Eumetabing Md			
Name of person giving information Aaron Stull				How related to deceased Father			

CAUSES OF DEATH

Primary	Eulio Colitis & Inflammation	How long	2 months
Immediate	Bronchial Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. C. Refouso, Jr.	
Address		Thurmont, Md.	
Accident or Suicide?		No	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rebecca Swadner

CERTIFICATE OF DEATH

Died at ^{Town} Liberty Town^{County} Frederick

MARYLAND

Date of death 1905 Sept

Day 28

Age Years 70

Months 8

Days 3

Sex Female

Color or Race

White

Birth-place

Frederick Co

Occupation

Nurse Keeper

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

William Swadner

Father's Birthplace

Fredk Co

Mother's Maiden Name

Eveline Danner

Mother's Birthplace

Frederick Co.

Name of person giving information

Taylor Swadner

How related to deceased

Brother

CAUSES OF DEATH

Primary

Aortic Stenosis

How long

7000 years

Immediate

Heart Failure

How long

2 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Otis B. Howe

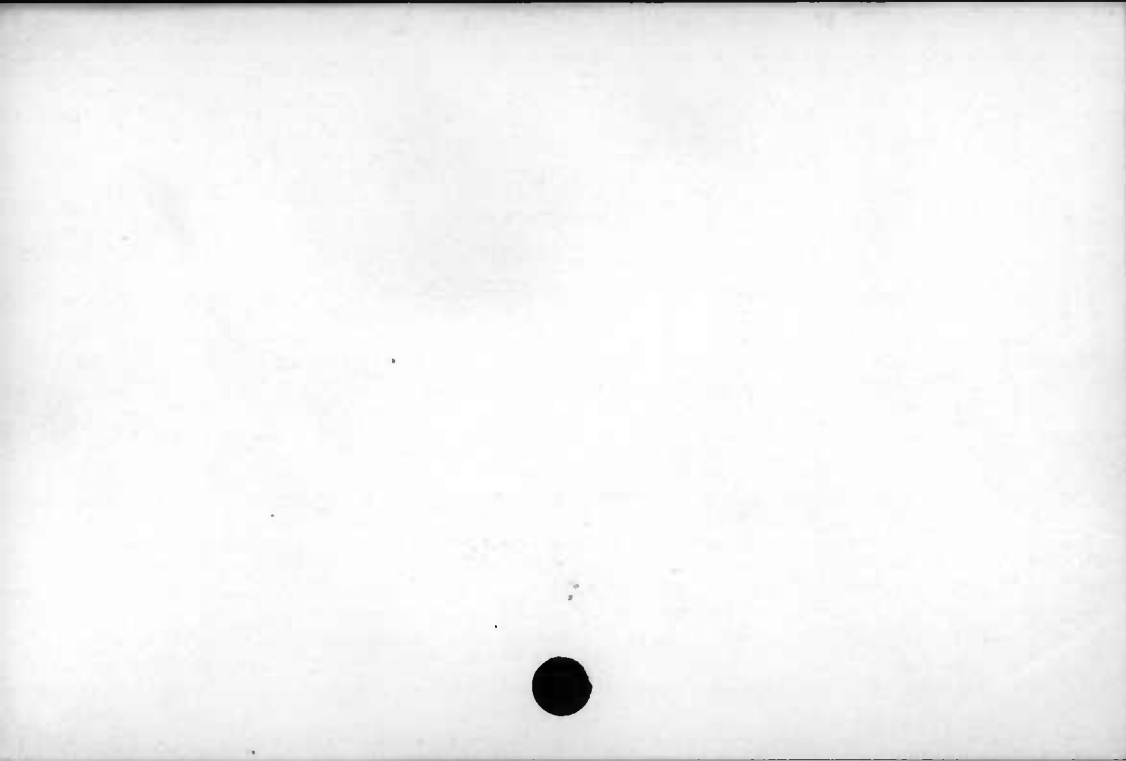
Address

Liberty Town

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

Trundle (M.M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905 -		9	16		x	x	x
Sex		Color or Race		Birth-place			
Male		White					
Occupation				Where Residing if not at place of death			
x				x			
Married Single or Widowed				Name of Wife or Husband			
				x			
Father's Name				Father's Birthplace			
C. Newton Trundle				Ind Co			
Mother's Maiden Name				Mother's Birthplace			
Miss Mary M. Cullen				Ind Co			
Name of person giving Information				How related to deceased			
C. N. Trundle				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	x
Immediate	"	How long	x
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Franklin Buchanan	
		Address	
		Fordenet Mt	
Accident or Suicide?			

Tracyville

Schneider

Mary Elizabeth Wachten

Town

County

Died at

Hammoville

Frank

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Age

53

Native of

Maryland

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Nathaniel Wachten

Wife

Father's

Name

Frederick Biser

Mother's

Maiden Name

Sarah Starrenfeltz

Cause of

Primary

Death

Immediate

Hepatitis

How long sick

Five weeks

Accident, Suicide, Homicide

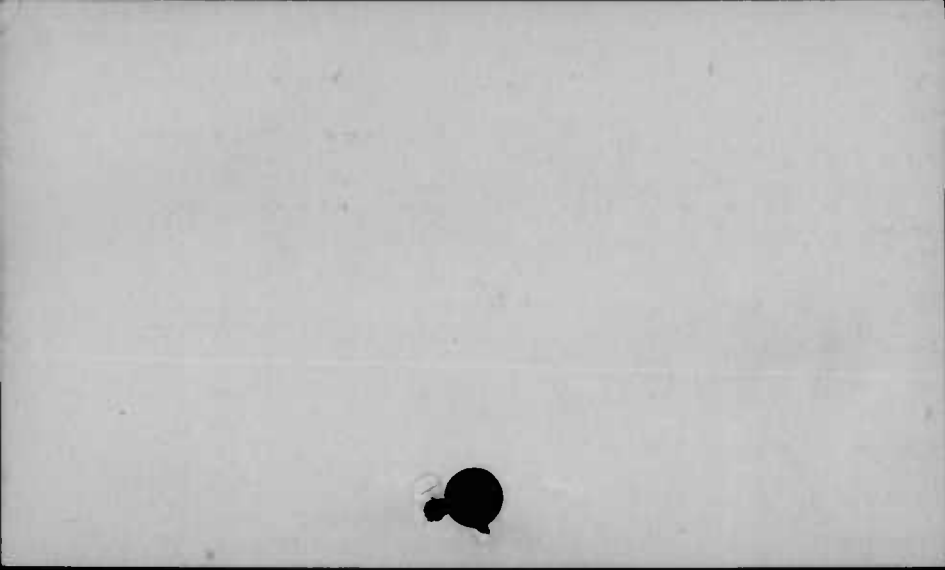
Reported by

E. S. Neighlon, M.D.

Address

Levinthal, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

H. Lee Weddle

CERTIFICATE OF DEATH

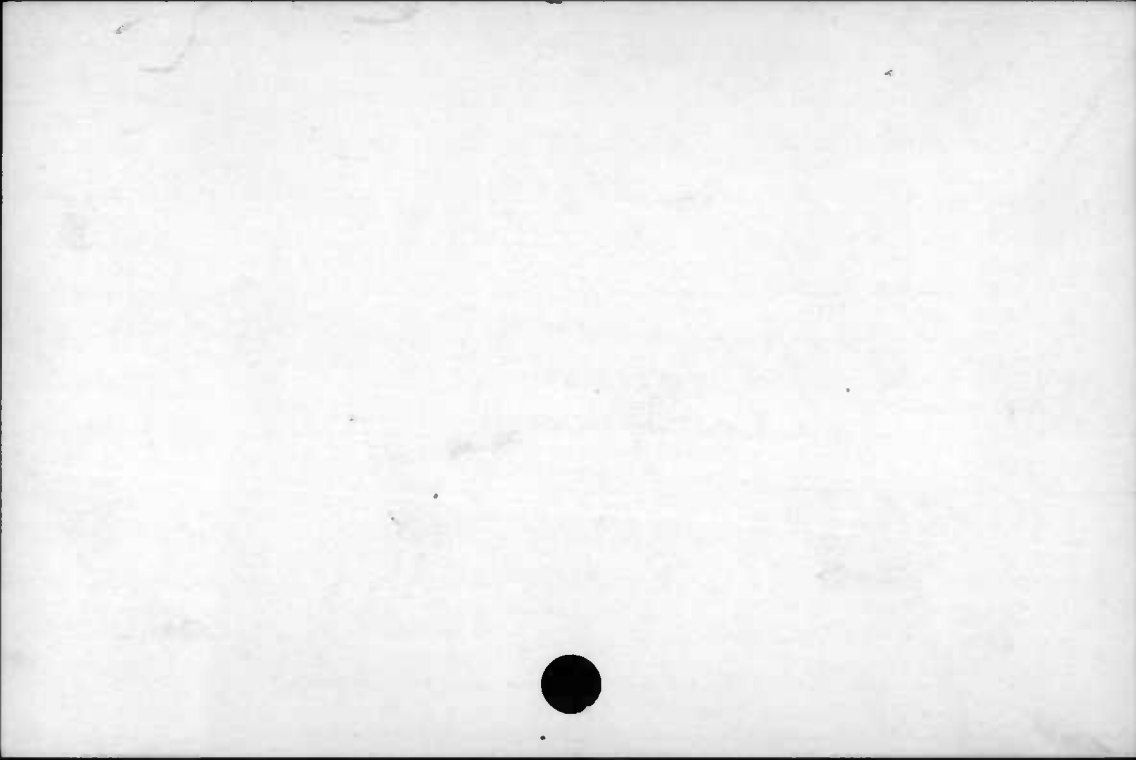
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Sept	9 th	16		11	1
Sex		Color or Race		Birth-place			
Male		White		Shurmont Maryland			
Occupation				Where Residing if not at place of death			
Carpenter							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Grayson C. Weddle		Shurmont Md					
Mother's Maiden Name		Mother's Birthplace					
Ellen Brown		Fopville Fred K. Cokey					
Name of person giving Information		How related to deceased					
Grayson C. Weddle		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Two, Self inflicted pistol shot wounds	died immediately
Immediate	How long
R. & L. Chest. puncturing both lungs	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	E. C. Kefauver
	Address
	Shurmont, Maryland
Accident or Suicide?	
suicide	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

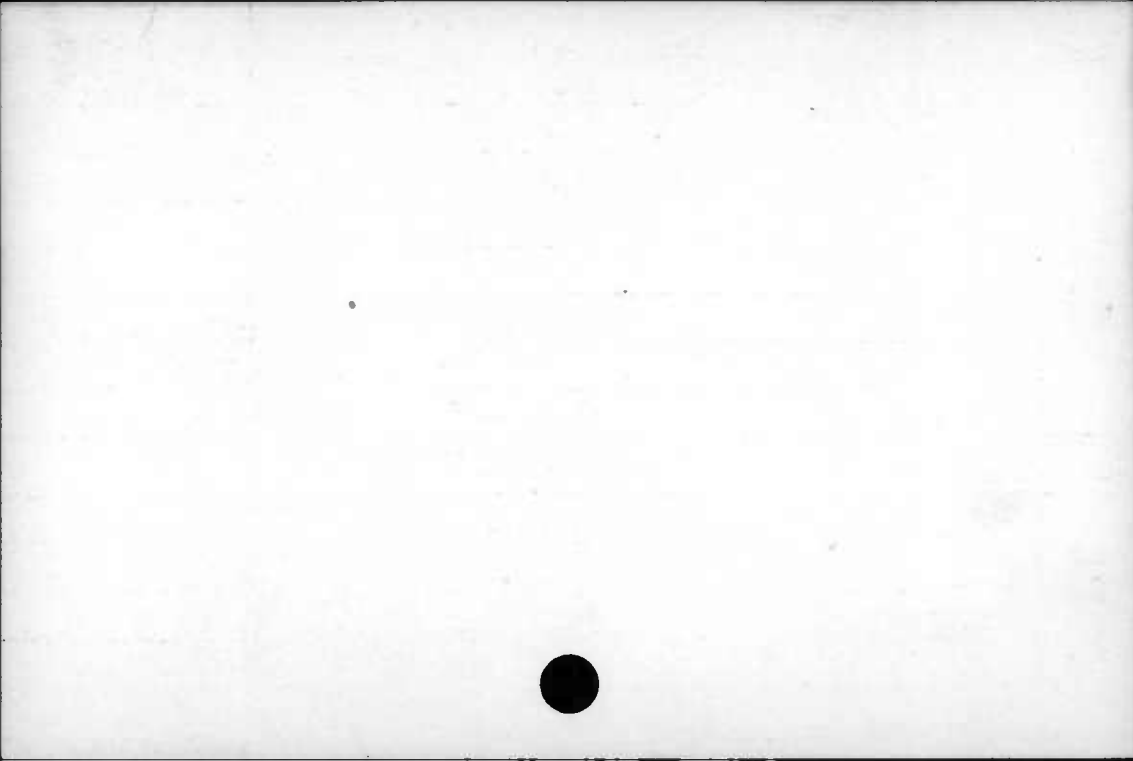
MARYLAND

Died at *Emmitsburg* ^{Town} *Frederick* ^{County}Date of death *1905* ^{Month} *Sept* ^{Day} *8th* ^{Years} *62* ^{Months} *9.* ^{Days}Sex *Female* Color or Race *White* Birth-place *Florida*Occupation *Religious.* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Henry Wilson* Father's Birthplace *Fla*Mother's Maiden Name *Harriet Lynneraity* Mother's Birthplace *Fla*Name of person giving information *Dr. Callahan* How related to deceased *none*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *8 months*Immediate *Lobar Pneumonia* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John B. Brankovich*Address *Emmitsburg Md.*

Accident or Suicide?



Name
in
Full

Edward Windle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Four Points* Town *Frederick* County
 Date of death *1905* Month *Sept* Day *18* Age *45* Years
 Sex *Male* Color or Race *White* Birth-place *Pa*
 Occupation *Laborer* Where Residing if not at place of death

~~Married~~ Single
~~or Widowed~~

Name of Wife or Husband

Father's Name *Christopher F. Windle*Father's Birthplace *Germany*Mother's Maiden Name *Wolf*Mother's Birthplace *MD*Name of person giving information *Henry Stokes*How related to deceased *none*

CAUSES OF DEATH

Primary *Convulsions*How long *Two days*Immediate *Convulsions*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes*J. Richelberger*
Emmitsburg

Accident or Suicide?

ma



Name
in
Full

CERTIFICATE OF DEATH

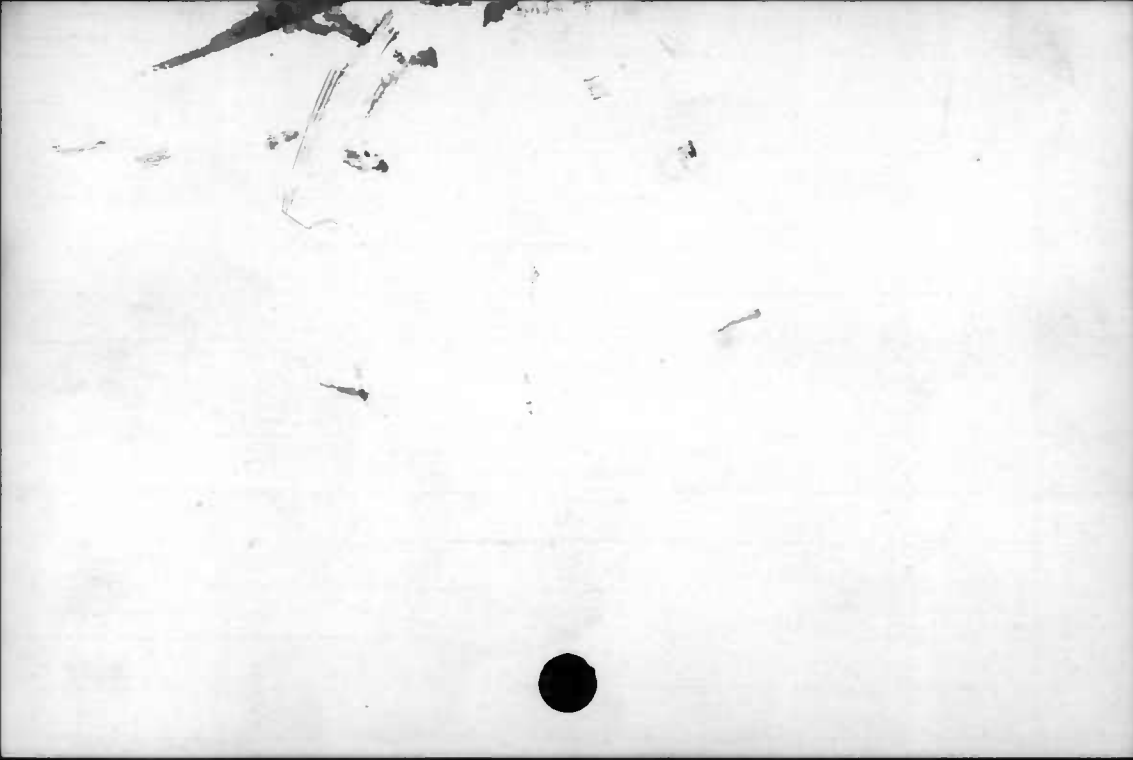
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John F. Wisniewski Infant.</i>		Town <i>Indinet</i>		County <i>Indinet</i>		MARYLAND	
Died at <i>Indinet</i>		Month <i>Sept</i>		Day <i>18</i>		Years <i>11 mos.</i>	
Date of death <i>1905</i>		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Indinet Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single <input checked="" type="checkbox"/> or Widowed		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <i>John F. Wisniewski</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Virginia Householder</i>		Mother's Birthplace <i>Patuxent Md.</i>					
Name of person giving information <i>John F. Wisniewski</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>151</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Indinet Md.</i>
Accident or Suicide?	



Name in Full		David E. Witmer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town near wolfsville	County Frederick	MARYLAND		
		Date of death		1905	Month Sept	Day 20	Age 67	Years 6
		Sex		male		Color or Race	white	Birth-place
		Occupation		Farmer		Where Residing if not at place of death		
		Married, Single or Widowed		married		Name of Wife or Husband		
		Father's Name		George Witmer		Father's Birthplace		
		Mother's Maiden Name		Annie M. Gilpin		Mother's Birthplace		
Name of person giving information		J. C. Schroeyer		How related to deceased			nephew	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Cancer of Stomach						
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				A. J. Smith		
Address				wolfsville				
				Md.				
Accident or Suicide?								

